Report on an unannounced inspection of

HMP Leicester

by HM Chief Inspector of Prisons

5 and 18–25 August 2025

Contents

Introduction

HMP Leicester, a small reception prison built in the 19th century and located in the heart of the city, held just 328 adult men at the time of inspection. While the prison continued to deliver reasonably good outcomes in our healthy prison tests for respect and preparation for release, outcomes in safety and purposeful activity had deteriorated.

High turnover and the transience of the population shaped much of what we found. Recorded violence remained too high, as did the use of force, and the prison had the highest assault rate among comparable reception prisons. The positive mandatory drug testing rate was 29% and there were persistent delays in providing substance misuse support. Drug strategy meetings lacked effective leadership or meaningful follow up action.

The prison's ageing infrastructure was an obvious challenge: many cells on the main wing had damaged flooring and windows and poor ventilation, and needed to be refurbished. Prisoners lived in overcrowded conditions and experienced poor daily routines, with limited time out of cell, an unreliable regime, delays in roll checks and inconsistent unlock times. Time out of cell on the weekends was even worse. The curriculum lacked ambition, attendance at education, skills and work was too low and punctuality was poor. Too many prisoners did not gain the relevant skills for employment after release or develop a work ethic.

Health care was another area of concern. Provision was fragile, with high staff vacancy rates and unresolved long-standing issues, such as high rates of missed appointments and poor supervision of medicines administration. Mental health services were stretched, and patients often waited too long for transfer to specialist secure community beds. Support for prisoners with additional learning needs was insufficient, and too many prisoners were ultimately released homeless.

Despite this, there were some definite strengths at Leicester. Staff-prisoner relationships were good, and staff retention was much improved, supported by clear leadership, better communication and regular welfare initiatives.

The prison's approach to family contact was another positive. Prisoners had good access to social visits, including increased evening and weekend sessions, and a welcoming and well-supervised visits hall. The refurbished gym, open seven days a week, was a well-used facility and ran, for example, specialist sessions for segregated prisoners and for those referred by health care. Library access had also improved, with a high footfall and welcoming environment.

The co-location of offender management, public protection, and resettlement staff had fostered a cohesive approach to reducing reoffending, with strong

links to external agencies and a clear focus on supporting prisoners' resettlement needs. The introduction of employment and resettlement hubs, as well as a departure lounge, were further examples of positive practice.

In summary, Leicester was well led and had committed staff, but challenges with the cramped and ageing infrastructure, a lack of work opportunities and the transience of the population, both hampered progress and defined the experience of those held.

Charlie Taylor
HM Chief Inspector of Prisons
October 2025

What needs to improve at HMP Leicester

During this inspection we identified 14 key concerns, of which five should be treated as priorities. Priority concerns are those that are most important to improving outcomes for prisoners. They require immediate attention by leaders and managers.

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

Priority concerns

1. **Violence was too high and the highest among reception prisons.**

2. **The positive mandatory drug test (MDT) rate was too high.** There were delays in providing substance misuse support for prisoners. Drug strategy meetings were poorly attended by leaders and meetings did not result in actions to address known key issues that impact on substance misuse.

3. **The strategic and local health partnerships had failed to address several long-standing issues, which impacted on patient safety and the delivery of some services.** For example, 'did not attend' (DNA) rates were high, too few psychosocial substance misuse interventions were delivered, and officer supervision at medication hatches was ineffective.

4. **The daily regime was unreliable, and staff could not always account for prisoners' whereabouts.** Roll checks were often delayed, and prisoners expressed frustration at inconsistent unlock times.

5. **Leaders did not set high enough expectations for prisoners to engage in education, skills and work.** For too many prisoners, the curriculum lacked ambition. Prisoners did not gain relevant skills or develop work readiness.

Key concerns

6. **Use of force was too high and considerably higher than similar prisons.**

7. **Many cells on the main wing needed refurbishment.** Cells frequently had damaged flooring and windows, and fittings were often worn.

8. **Patients waited far too long to be transferred to specialist mental health beds under the Mental Health Act**.

9. **There were no clear systems in place for managing long-term health conditions, and some patients did not have care plans**. Some patients experienced delays in receiving medicines because

prescribers were not always available or failed to respond to requests to prescribe medications promptly.

10. **Time out of cell at weekends was poor.** Prisoners could expect to have less than two hours unlocked from their cells on Saturdays and Sundays.

11. **Attendance at education, skills and work was too low and punctuality was poor.**

12. **Managers lacked oversight of wing-based prisoner work**, **failing to monitor attendance, work quality, or the development of skills and behaviours.**

13. **Too many prisoners with additional learning needs did not receive the support that they needed to engage in education, skills and work.**

14. **Too many prisoners were released homeless.**

About HMP Leicester

Task of the prison
Reception prison

Certified normal accommodation and operational capacity (see Glossary) as reported by the prison during the inspection
Prisoners held at the time of inspection: 328
Baseline certified normal capacity: 217
In-use certified normal capacity: 211
Operational capacity: 332

Population of the prison
- 2,236 new prisoners received each year (an average of 190 each month; since April 2025, this has increased to over 200 each month).
- 49 foreign national prisoners (15% of the prison population).
- 31% of prisoners from black and minority ethnic backgrounds.
- 78 prisoners released into the community each month.
- 86 prisoners receiving support for substance misuse.
- 90 prisoners referred for mental health assessment each month.

Prison status (public or private) and key providers
Public

Physical health provider: Practice Plus Group
Mental health provider: Practice Plus Group
Substance misuse treatment provider: Practice Plus Group, with psychosocial services subcontracted to NHS Inclusion – Midlands Partnership Foundation Trust
Dental health provider: Time for Teeth
Prison education framework provider: People Plus
Escort contractor: GeoAmey

Prison group/Department
East Midlands

Prison Group Director
Paul Cawkwell

Brief history
HMP Leicester is a Victorian establishment built in 1874, with a gatehouse dating back to 1825. The site is set in three acres within Leicester city, next to the Leicester Royal Infirmary. A visits block and an administration block were added in 1990.

Short description of residential units
The prison site is made up of one main wing, which consists of four landings, including the following special units:

Induction unit

Care and separation unit (CSU) (Segregation)
Parsons unit – prisoners in full-time employment
My recovery unit (MRU) – prisoners addressing substance misuse
Welford unit, which is separate from the main wing and accommodates prisoners remanded for or convicted of sexual offences.

Name of governor/director and date in post
Jenifer McKechnie, acting governor, 31 July 2025, with a newly appointed governor in charge, Mat Davies, coming into post from Monday 22 September 2025

Changes of governor/director since the last inspection
Jim Donaldson, November 2018 – July 2025

Independent Monitoring Board chair
Trevor Worsfold

Date of last inspection
February 2023

Section 1 Summary of key findings

Outcomes for prisoners

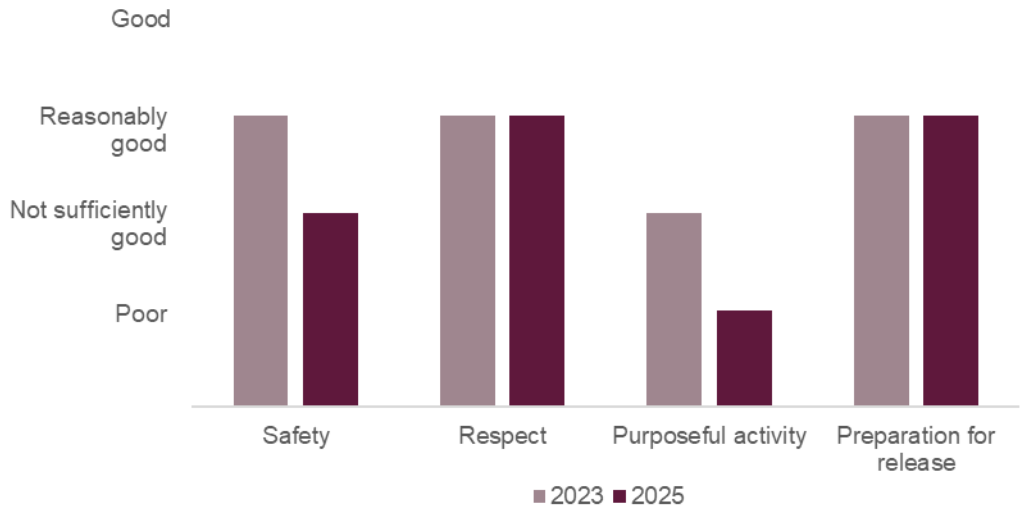
1.1 We assess outcomes for prisoners against four healthy prison tests: safety, respect, purposeful activity, and preparation for release (see Appendix I for more information about the tests). We also include a commentary on leadership in the prison (see Section 2).

1.2 At this inspection of HMP Leicester, 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 HMP Leicester in 2023. Figure 1 shows how outcomes for prisoners have changed since the last inspection.

Figure 1: HMP Leicester healthy prison outcomes 2023 and 2025



Progress on priority and key concerns from the last inspection

1.4 At our last inspection in 2023 we raised 13 concerns, four of which were priority concerns.

1.5 At this inspection we found that six of our concerns had been addressed and six had not been addressed. One concern in purposeful activity was no longer relevant. All of the safety concerns had been addressed, while three out of the four concerns in purposeful activity had not been addressed. For a full list of progress against the concerns, please see section 7.

Notable positive practice

1.6 We define notable positive practice as:

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

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

Examples of notable positive practice		
a)	Leaders had prioritised PE provision effectively. Prisoners had excellent access to the refurbished gym seven days a week, including a weekly session for those held in the CSU under segregated conditions. Prisoners were making very good use of the facility.	See paragraph 5.9
b)	The aide-memoire for staff interviewing newly arrived prisoners ensured that key risk factors were considered.	See paragraph 3.4

Section 2 Leadership

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

2.1 Good leadership helps to drive improvement and should result in better outcomes for prisoners. This narrative is based on our assessment of the quality of leadership with evidence drawn from sources including the self-assessment report, discussions with stakeholders, and observations made during the inspection. It does not result in a score.

2.2 The prison's former governor, who had been in post for seven and a half years, retired a week before this inspection. During this visit, the deputy governor was acting up into the role, with a permanent replacement due to take up post in autumn. The wider senior leadership team was more established, with nearly all members in post for over 18 months. Collectively they had provided continuity through the transition, being both visible around the prison and accessible to staff. Leaders engaged constructively with the inspection process and were open to challenge and scrutiny.

2.3 The leadership team had worked to improve communication and staff engagement. In our staff survey, three-quarters of respondents said they understood the governor's priorities, and a clear majority reported that communication from the leadership team had improved over the past year. Retention of staff had also improved. Leaders had invested in succession planning, including access to external development programmes and a 16-week upskilling course for unified grades led by the standards coaching team from His Majesty's Prison and Probation Service (HMPPS). This was complemented by credible investment in staff more broadly, including regular training days and welfare and communication initiatives, which staff told us they valued.

2.4 The very high turnover of prisoners, with average stays of about six weeks, had created an instability that undermined safety and limited the delivery of purposeful activity. While leaders had improved their use of data to track these pressures, the rapid churn of prisoners continued to stretch both staff and resources, constraining longer-term planning.

2.5 Safety remained a concern. Regional support had been provided to help stabilise the prison and included additional searching to disrupt problematic prisoners. Leaders had also introduced new oversight forums. However, improved outcomes had yet to be realised, particularly around violence reduction or strategies to tackle illicit drugs, and health care. For example, the multidisciplinary recovery unit (known as the "my recovery unit" - MRU) lacked a clear role in supporting addiction work, leaving a missed opportunity in meeting identified needs.

2.6 Health leadership had begun to improve following a change of provider, with a now more positive culture under new senior managers.

Nevertheless, vacancies and weak partnership working meant that long-standing issues, such as high appointment non-attendance rates and poor supervision of medicines, persisted without credible plans to resolve them.

2.7 By contrast, partnership working was stronger in resettlement. The offender management unit (OMU), probation, and external partners – including the police, Department for Work and Pensions, local employers, charities and the family services provider – worked constructively together to improve outcomes across resettlement pathways. This collaboration supported better planning for release and family contact, and inspectors saw examples of tangible benefits for prisoners preparing to return to the community.

2.8 Despite some capital investment, living conditions remained inadequate. Leaders had overseen improvements to showers, the gym, roofing and CCTV, which addressed some critical risks and were important in preventing further decline. However, these gains were largely invisible to prisoners and outweighed by their immediate daily experience, which continued to be dominated by overcrowding, poor cell fabric and an ageing built environment. Leaders recognised these constraints, but their ability to drive sustained improvement was limited by the scale of the challenge.

2.9 Education, skills and work remained an area of weakness. Leaders had set a clear strategy, but expectations were too low, the curriculum lacked ambition, and improvement in the quality of provision was too slow. Data was underused to drive improvement, and accountability for progress was unclear.

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 arrival process for prisoners had improved. There were fewer delays in transferring prisoners from local courts, which resulted in a steady stream of prisoners into the first night centre (FNC) during the day. Arrival times for those coming from out-of-area locations were also reasonable. This contrasted with previous inspections, where escort vans often arrived together late in the day, causing bottlenecks and significant delays.

3.2 In our survey, almost all respondents reported being treated respectfully, which was much better than at similar establishments.

3.3 The small reception area was clean and well ordered, and operated efficiently. New arrivals were provided with useful information before moving to the FNC, and peer supporters played a valuable role in helping prisoners feel at ease during this initial stage.

3.4 The number of new arrivals had increased significantly since the last inspection, exceeding 200 per month. Most initial safety checks were thorough. They were supported by an aide-memoire that highlighted key risk factors and prompted staff to explore any immediate concerns, risks, or vulnerabilities. Staff routinely initiated assessment, care in custody and teamwork (ACCT) documentation when necessary, and used interviews effectively to review or create cell share risk assessments. Although most prisoners were transferred promptly to the FNC, we noted occasional delays during busy periods when they had to wait for key health screening assessments.

3.5 The first-night cells we inspected were clean and prepared but were too often shabby and in urgent need of refurbishment. Observation levels for new arrivals were appropriately set, based on assessed risk. This demonstrated a sensible and proportionate approach to prisoners' welfare.

3.6 Population pressures meant that prisoners moved quickly off the FNC to nearby landings, returning to undergo induction sessions.

3.7 Induction typically began the day after arrival, with most prisoners participating. Just over half felt the induction provided the information

they needed, but support for prisoners who did not speak English was inadequate (see also paragraph 4.37).

3.8 A review of early days procedures had identified similar issues to our findings, and listed improvement measures in an action plan. However, the absence of target dates made it difficult to monitor progress or hold teams accountable.

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

3.9 At the time of the inspection, 23% of prisoners said that they felt unsafe, and 40% reported bullying or victimisation. Both figures were broadly in line with other reception prisons, but still a cause for concern.

3.10 Levels of violence were the highest of any comparable reception prison. The assault rate stood at 821 per 1,000 prisoners, against a comparator average of 479. In the previous 12 months, there had been 114 assaults on staff and 143 on prisoners, both of which had risen since the last inspection.

3.11 All incidents of violence were investigated. Most were attributed to instability caused by large influxes of prisoners from overcrowded establishments. These spikes occurred intermittently, and while the prison felt settled during the inspection, this reflected the episodic nature of the violence rather than its resolution.

3.12 Leaders had recently introduced weekly disruption meetings between the safety and security departments to identify and respond to emerging threats. Records showed that leaders acted promptly to manage some conflicts; however, the assurance provided by these meetings was limited, and it was too early to assess their overall impact.

3.13 Challenge, support and intervention plan (CSIP) investigations had improved since the last inspection. They were more thorough, incorporated prisoners' perspectives, and usually resulted in tailored support plans. Some prisoners we spoke to understood the purpose and content of their individual plans, which enabled them to engage more constructively with staff.

3.14 Support for prisoners in debt remained inadequate. Although a policy was in place, it was not consistently followed. For example, one prisoner who was self-isolating due to debt had no support plan and

experienced a very limited routine that involved little meaningful contact with staff.

3.15 Only 20% of prisoners said the incentives and earned privileges (IEP) scheme encouraged them to behave well. Many expressed frustration at the limited opportunities to progress to enhanced level, which undermined confidence in the scheme.

3.16 These weaknesses were compounded by staff practice. Many staff were unaware of which prisoners were on the basic regime. Records on the electronic systems and wing logs often conflicted, which left staff unable to support prisoners in progressing back to standard status. Incentives to deter violence and illicit drug use were weak. On the Parsons unit, some prisoners received additional time out of cell in the evening. However, this was linked to full-time work rather than IEP status, which further eroded the scheme's credibility. Staff did not always challenge low-level poor behaviour, such as vaping on landings or inappropriate conduct in medication queues (see also paragraph 4.101).

3.17 Leaders did not routinely review prisoners' progression, further limiting opportunities for individuals to achieve enhanced status. There was no clear distinction between regime levels, which reduced the overall impact of the scheme on prisoners' motivation. Similar weaknesses were evident in the My Recovery Unit (MRU), which was intended to support prisoners addressing substance misuse, but the unit did little to encourage positive behaviour and its role in incentivising recovery was unclear and poorly defined (see also paragraphs 3.32 and 4.91).

Adjudications

3.18 There had been 1,833 adjudications in the 12 months before the inspection. Most related to possession of unauthorised articles, positive MDT results and damage to property. Of these adjudications, 862 were proven, 261 dismissed and 191 not proceeded with due to prisoners being released, reflecting the high turnover in the prison.

3.19 There were 28 outstanding remanded adjudications. Most dated back to May 2025 and were being investigated by the police. Leaders liaised with the police to ensure updates were provided.

3.20 The adjudications we reviewed showed that enquiries were adequate and were dismissed where procedural errors were identified.

Use of force

3.21 In our survey, 26% of prisoners said they had been restrained in the last six months, but only 13% said anyone had spoken to them afterwards. Use of force levels were exceptionally high, with 617 incidents in the past year. This was considerably higher than at comparator prisoners, even when differences in population size were considered. Of these incidents, 560 were unplanned and 57 were

planned. Although numbers had fallen since November 2024, they remained far too high.

3.22 Unfurnished accommodation had been used three times, far fewer than at the last inspection. Each case was authorised, though one form was incomplete. Leaders recognised this and were improving record-keeping. Use of batons and PAVA was appropriate and rare. Most incidents were recorded as necessary to prevent harm.

3.23 However, oversight of use of force was weak. Leaders collated data and reviewed small samples at weekly and monthly meetings, but this was not enough to provide assurance. Two incidents of concerning practice, missed by leaders, were identified by inspectors. The monthly meeting and associated action plan focused on statistics rather than analysing causes or learning lessons. Staff had not consistently used body-worn cameras.

3.24 Debriefs after incidents were consistently poor. They were rushed, lacked detail, or were not always revisited after the incident had de-escalated. This prevented leaders from identifying the root causes of incidents and meant that explanations were superficial, with prisoners not complying with instructions from staff too often recorded as the sole justification.

Segregation

3.25 In our survey, 19% of prisoners said they had spent at least one night in segregation in the past six months; of these, half said staff had treated them well. In the past year, 272 prisoners had been segregated, with an average stay of 18 days. This was excessive, and in the cases we reviewed, the documentation did not always evidence why continued segregation was necessary. Subsequently, in some cases, leaders were not always able to explain why prisoners remained segregated or what their individual reintegration plans involved. The segregation unit was relatively small, which meant that the number of prisoners held at any one time was usually low. However, the Parsons unit was often used as overspill accommodation for segregated prisoners.

3.26 Most periods of segregation followed a positive drug test, an incident of violence, or the possession of illicit items. Justifications for initial segregation were generally well recorded although individual histories or trends were not used to support learning. Oversight of prisoners at risk of self-harm was appropriate, but the daily regime for those on constant watch was stark and offered little engagement.

3.27 Records showed that segregated prisoners usually received their entitlements, and all received daily welfare checks. It was positive that, subject to individual risk assessment, segregated prisoners could continue to access a dedicated gym session. However, living conditions in the segregation unit were poor. There were six cells, and all were dirty and in need of repainting. Despite daily checks by senior

managers, these unsanitary conditions went unnoticed and were not addressed until the inspection week.

3.28 Interactions between staff and prisoners were generally positive. Many prisoners spoke favourably about staff, and inspectors observed respectful, professional engagement.

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.

3.29 Security arrangements were generally proportionate, but some fundamental weaknesses required attention. For example, during our roll checks, staff were unable to promptly reconcile the whereabouts of all prisoners, raising concerns about the strength of basic procedures and the accuracy of the prison's process for accounting for prisoners. Similarly, when staff were supervising the administration of prescribed medicines, they did not always challenge prisoners' inappropriate behaviour, increasing the risk that medicines would be diverted (see also paragraph 4.101)

3.30 In our survey, 42% of prisoners said it was easy to get illicit drugs and 25% said they had developed a drug problem in the prison, with fewer than half receiving help. The rate of positive MDTs stood at 29%. This was broadly in line with other reception prisons but high. Most positive test results were for psychoactive substances and prescribed medication. Inspectors noted a weakness in the supervision of the medical observation hatches that enabled prescribed medication to be trafficked with relative ease.

3.31 Leaders demonstrated an awareness of some routes through which drugs entered the prison and had implemented several local initiatives to disrupt trafficking. These included increased use of drug detection dogs, good use of a body scanner and postal swabbing. These measures had begun to yield results, with a recent decline in the number of prisoners identified as under the influence.

3.32 Leaders had a weak grip on the prison's drug strategy. Key stakeholders did not always attend the monthly meeting, and the associated action plan lacked meaningful actions. The MRU's role in supporting recovery was ill-defined, and its limited regime meant it contributed little to the prison's wider drug strategy (see also paragraphs 3.17 and 4.91).

3.33 Despite these gaps in local support, regional support had been provided. During 2024, there had been a spike in violence and drug use, linked to the turnover of prisoners from organised crime groups who had transferred from other areas. In response, external teams

conducted targeted searches to disrupt those responsible. This had a positive immediate impact and helped to restore order, but underlying pressures from high turnover and intermittent spikes in violence and illicit items persisted.

3.34 Information was collated and shared, with good links to external agencies, including the police. Leaders were alert to emerging threats, such as drones, and monitored these appropriately. However, available intelligence was not yet being used to shape a coherent, prison-wide drug strategy.

3.35 Physical security arrangements were proportionate to the risks. Gate security had been enhanced and CCTV coverage upgraded to improve surveillance. Staff and prisoner searches we observed were generally thorough.

3.36 At the time of the inspection, no prisoners were being held for terrorist offences, and none had been since January 2025. Records evidenced that multi-agency collaboration and information-sharing protocols were in place and that oversight of prisoners who had previously been charged or were at risk of extremism had been effective.

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

3.37 There had been no self-inflicted deaths at the establishment since 2019, before the last inspection. Three incidents identified as serious attempts at self-harm had taken place in 2025. These had all been investigated quickly to identify any early learning points and, where necessary, to implement changes.

3.38 At the time of the inspection, 12 prisoners were being managed under ACCT procedures. Those we spoke to felt adequately supported, stating that staff checked in regularly and knew what to do to support them.

3.39 The rate of self-harm had reduced significantly since the last inspection and continued to fall year on year. However, it remained high compared with similar prisons, with Leicester placed seventh out of 31. Records and minutes of meetings showed that a significant proportion of incidents were attributable to a small number of prolific self-harmers.

3.40 The weekly safety intervention meeting was a useful forum to discuss the needs of individual prisoners with complex needs. However, we considered the scope of the meeting to be too wide to enable staff to

concentrate sufficiently on those requiring the highest level of support and intervention.

3.41 The monthly safety meeting was reasonably well attended. It made effective use of data to identify causes of self-harm and mitigating actions, such as closer monitoring of new arrivals and raising staff awareness of neurodiversity.

3.42 ACCT documentation was generally of a reasonable standard, and we found only minor omissions. The case reviews we viewed were detailed. They showed meaningful engagement ensuring prisoners' needs were met and appropriate departmental involvement in ongoing care. Much of this was reflected in the case notes, which also informed key work. The average ACCT lasted 11 days, though some lasted longer depending on need.

3.43 The prison had made commendable efforts in staff training, with 176 staff trained in safeguarding over the past three years, and 98% of operational staff trained in suicide and self-harm awareness.

3.44 The Listener scheme had recently been suspended due to the high turnover of prisoners, with only two trained Listeners remaining at the point of suspension. In our survey, only around a third of prisoners said it had been easy to speak to a Listener. Training courses to rebuild the scheme were scheduled for August.

Protection of adults at risk (see Glossary)

3.45 The deputy governor routinely represented the prison at the local adult safeguarding board.

3.46 Awareness of adult safeguarding was good. Operational staff we spoke to understood safeguarding and how to make referrals either directly or through the safety team.

3.47 We observed impressive interventions by health care and social care specialists, and some very vulnerable prisoners were well supported and cared for by wing staff.

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 were reasonably good. In our survey, 71% of prisoners said that staff treated them with respect, which was similar to other reception prisons.

4.2 We observed respectful interactions between staff and prisoners. Landings were busy but settled, with staff visible and engaging, although some low-level poor behaviour such as vaping on landings went unchallenged. In our survey, 55% of prisoners said that wing staff encouraged them to attend work, training or education, which was higher than at similar prisons.

4.3 While most prisoners were generally positive about staff, some expressed frustration with the attitudes of less experienced officers. Leaders had recognised this and prioritised developing staff capability through additional coaching, training and support.

4.4 Key work delivery had improved since our last visit. Almost all prisoners now had key workers allocated, though sessions were not taking place consistently; in the year before our visit, only 20% of planned sessions had taken place.

4.5 The quality of key work sessions that did occur was generally reasonable and evidenced some meaningful engagement. Key workers often liaised with the OMU to understand prisoners' circumstances before delivering sessions, which was positive.

4.6 Peer work was underdeveloped. Most roles were traditional, such as laundry orderlies and cleaners, with little use of mentor positions outside of education. Where mentoring existed, such as a peer buddy supporting prisoners with diverse needs (see also paragraph 4.77), it provided valuable support.

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

4.7 Despite some significant investment in repairing the fabric of the site, living conditions continued to be undermined by ageing facilities and overcrowding. Around three-quarters of prisoners were living in cells that held more prisoners than they were designed for.

4.8 Cells in the main wing were often in poor condition, with damaged flooring and worn furniture and fittings, though graffiti was rare. A small number of cells on the Parsons unit had been refurbished to a high standard. Conditions on the Welford unit were better than those on the main landings.

Cells in worn condition (left and middle) and refurbished cell on the Parsons unit (right)

4.9 Staff carried out assurance checks and reported issues regularly, but the age of the site and high turnover meant remedial work could not keep up with demand.

4.10 Prisoners who were held in cells with plastic covers on the windows complained of poor ventilation and excessive heat in the warmer months. Many of these covers had been damaged. Leaders had plans to replace many windows to alleviate this issue.

Cell window with damaged plastic cover

4.11 Communal areas were tired. Cleanliness was inconsistent and dirt was ingrained in some places. However, showers on the main landings had been refurbished to a very good standard.

Refurbished showers

4.12 Prisoners continued to highlight issues with cockroaches, though leaders had made some good progress in addressing issues with vermin. A pest control provider was attending the prison regularly.

4.13 Prisoners could access cleaning materials, but only 39% of prisoners said that they could access clean bedding weekly, which was lower than at similar prisons and during our last visit. Domestic washing machines on wings supplemented the main on-site laundry, but their lifecycles were short due to constant use.

4.14 Outdoor areas were generally clean, but rubbish had collected in gulleys, where it had been thrown from cell windows. Some of the wiring was strewn with litter and old clothing.

Litter in outside gulleys and wiring

4.15 The main wing's exercise yard was in poor condition and benches were badly damaged, though prison leaders had imminent plans to resurface it.

Damaged benches in main exercise yard

4.16 Cell bell monitoring had only recently resumed after a prolonged failure of the electronic system. The system remained temperamental, but local data evidenced that around a quarter of bells were responded to late.

Residential services

4.17 Prisoners at HMP Leicester were more positive about the food than those at similar prisons: 44% said that the food was very or quite good, and 41% said that they usually had enough to eat (compared to 31% and 24% respectively).

4.18 Prisoners received a hot lunch and evening meal daily, including at weekends. Breakfast packs were provided with the lunch meal, supplemented with sliced bread. Portion sizes we observed were reasonable, and the four-week rotating menu offered good variety.

Lunch and evening meals

4.19 Most prisoners collected meals from a single servery on the main wing, which was well supervised by catering staff and officers. Welford unit had its own servery, and meals for vulnerable prisoners on induction landings were delivered to cells.

4.20 No prisoners could dine out of their cell. Self-catering facilities were limited to microwaves and toasters on the MRU, but there was little evidence that prisoners could use these regularly. This was a missed opportunity to offer incentives for good behaviour (see also paragraph 3.17).

4.21 The kitchen was ageing, and some equipment had broken down during our visit, but it was clean and well organised. Prisoners working there could gain a basic food hygiene qualification.


Self-catering facility on the MRU (left) and the kitchen

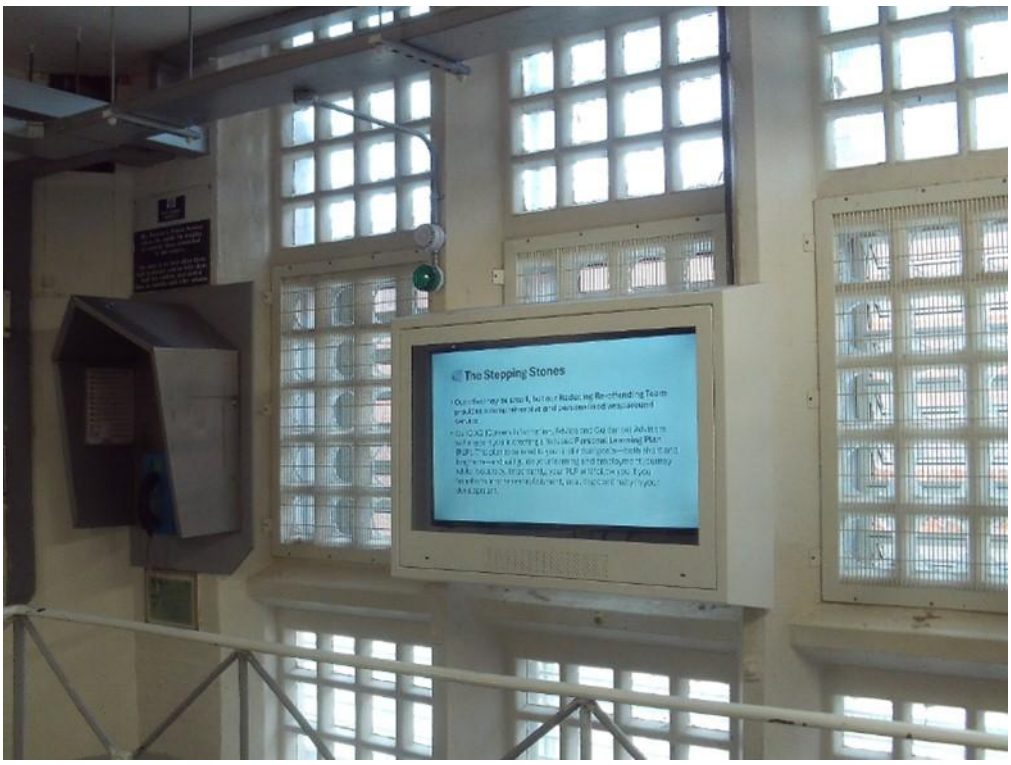
4.22 The prison shop provided a reasonable range of goods, including some fresh fruit, vegetables and canned goods. However, most prisoners lacked the facilities to cook these products, which again was a missed opportunity to provide incentives for good behaviour (see also paragraph 3.16).

4.23 Shop orders were processed weekly. Staff from the external provider came on site to help with recording any missing items. Refunds were processed promptly.

4.24 Catalogues were available on request, but those placed in the library for prisoners to access were out of date.

Prisoner consultation, applications and redress

4.25 Consultation measures were appropriate for the population, giving prisoners opportunities to raise issues. Surveys had covered topics such as catering and complaints, and monthly prisoner councils were held separately for the main wing and Welford unit. Leaders also used landing screens to share updates.



On-wing information screen

4.26 Council meetings were generally effective, with regular opportunities for departments to respond to questions and good evidence that issues were addressed promptly.

4.27 Attendance by departments was reasonable, but consistent prisoner representation on the main wing council was limited, partly due to the high turnover of the population.

4.28 The paper-based applications system functioned reasonably well. Around 87% of applications were responded to on time and prisoners did not raise concerns about delays. Forms were readily available on landings.

On-wing application forms

4.29 The complaints process was working well. The prison's own data indicated that only around 5% of complaints had been responded to late in the six months before our inspection. Data was analysed for trends and discussed monthly at the senior management team meeting.

4.30 Most of the responses to complaints that we reviewed were courteous, and some were followed up face to face, which was positive. While most addressed the issues raised, a few did not include sufficient detail. Quality assurance was robust, with senior managers and the independent monitoring board sampling responses each month.

4.31 Prisoners had good access to legal visits, with in-person and video links available throughout the week. Some legal texts were available, but the absence of bail information and advice remained a notable gap (see also paragraph 6.19).

Legal visit suite

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.

4.32 The head of residential held strategic responsibility for equality, supported by members of the senior management team assigned to protected characteristics. Senior leaders monitored the impact of their departments and reported a wide range of data at well-attended equalities meetings. Minority group forums existed, but were held too infrequently, risking gaps in understanding needs in a population that changed rapidly.

4.33 Discrimination incident reporting forms (DIRFs) were freely available on all units. Thirty-five had been submitted in 2025. Internal quality assurance by the deputy governor was sound, and recent arrangements had been made for the Zahid Mubarek Trust to provide external scrutiny.

4.34 The prison acknowledged events such as Black History Month, Gypsy, Roma and Traveller Week, and a calendar of religious festivals, but

there was little other proactive work to promote inclusivity and awareness.

4.35 Survey results showed that most minority groups reported experiences that were broadly in line with those of the wider population, and this was reflected in our discussions with prisoners.

4.36 Funding for a foreign national (FN) specialist had strengthened support for this group, who made up around 17% of the population. She acted as a link to the Home Office to progress immigration paperwork and provided good individual support for FN prisoners.

4.37 Interpretation and translation tools were available, but they were not used consistently. The Big Word service was underused; inspectors saw examples where prisoners struggled to make themselves understood and staff made little effort to help.

4.38 Prisoners' ages ranged from 21 to 68, with only 25 prisoners over 50. Few age-related activities were in place, though there were plans to introduce youth-focused gym sessions.

4.39 In our prisoner consultation group, most participants said they were treated fairly and that race was not a barrier to accessing the regime. However, some felt that the less experienced staff did not always understand the diverse needs of prisoners, which sometimes created tension.

4.40 No transgender prisoners were held during the inspection. Frameworks for care planning were in place, and records showed a high level of embedded support for this group.

4.41 The exception was disabled prisoners, who reported much worse outcomes, including higher rates of feeling unsafe (64% compared with 25%), suicidal thoughts (45% compared with 4%), and depression (79% compared with 32%), along with poor perceptions of bullying by both staff and prisoners. A large proportion of the population identified as disabled, with most citing learning difficulties or being neurodiverse (ND). A full-time ND manager provided one-to-one support and was developing tools to help staff understand ND needs. We observed one young prisoner with significant ND needs being well supported by both staff and a trained peer mentor (see also paragraph 4.6).

4.42 However, physical accessibility remained a significant issue, the Victorian design of the site severely restricted access for wheelchair users. Only one accessible cell was available on the main wing, and although the Welford unit had wide hospital-style doors, its lift was often out of use. As a result, courts and population management usually directed wheelchair users to other prisons.

Faith and religion

4.43 In our survey, prisoners reported significantly more positive experiences of access to faith leaders and opportunities for worship than at similar prisons.

4.44 All new arrivals were seen promptly by a member of the chaplaincy team and, if they wished, could immediately apply to be added to attendance lists for services.

4.45 Facilities were good and catered for the main faith groups, though access was difficult for less physically able prisoners, because of the location. For most, access to worship was consistent and equitable. Provision included separate services for vulnerable prisoners and access for those in segregation, which was rarely seen elsewhere.

4.46 Beyond core spiritual duties, the chaplaincy made an important contribution to safety and well-being. The team visited segregation daily, engaged with all new arrivals in the FNC, supported those on ACCT monitoring, and facilitated the Facing up to Conflict violence reduction programme.

4.47 The team also offered visits to prisoners who would not otherwise receive them, through a volunteer visitor scheme.

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.

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

Strategy, clinical governance and partnerships

4.49 NHS England (NHSE) commissioned Practice Plus Group Health and Rehabilitation Services Limited (PPG) as the prime provider of health services. PPG took over the contract on 1 March 2024 and had subcontracted psychosocial substance misuse services to Midlands Partnership NHS Foundation Trust's inclusion service. Time for Teeth Ltd provided oral health services. Leicester City Council (LCC) was the local authority.

4.50 Overall, we found that the quality of health services in some areas was adequate. In our survey, only 38% of respondents felt that the quality of health services was quite good or very good. The staff vacancy rate was 18% across health teams. As a result, PPG depended on temporary staffing to deliver essential clinical activity, and ongoing vacancies in some key roles meant that it had not yet been able to fully implement its delivery model.

4.51 NHSE held quarterly contract review meetings, conducted quality assurance visits every three years, received quarterly clinical quality

reports, and attended the monthly local health delivery board to monitor the contract. It completed a full health needs analysis (HNA) in November 2022, and a rapid HNA in March 2024. NHSE plans to repeat the full HNA at the start of 2026, which will help to capture the impact that the increased turnover has had on health services.

4.52 The strategic health partnership had failed to resolve some long-standing issues that impacted on patient safety and the delivery of some services, including very high 'did not attend' rates (35–40%) and poor supervision of medication hatches (see the medicines optimisation and pharmacy services section). There were no meaningful plans to drive improvement, and meetings did not focus on agreeing actions.

4.53 Local governance structures were in place, including bimonthly quality assurance and patient safety incident review meetings, a monthly medicines management meeting, the PPG-wide clinical audit schedule, and the risk register, which was reviewed regularly. However, these did not support or steer the improvements required. The very recently appointed senior leaders had identified this, and had a good oversight of services and were focused on the improvements required.

4.54 Datix (an incident reporting system) was used to record clinical incidents. There was evidence of some under-reporting, and some incidents were not reviewed in a timely manner to identify learning to minimise the risk of recurrence. However, when learning was identified, leaders shared it effectively.

4.55 A safeguarding policy and a new local safeguarding lead were in place. Some staff we spoke with did not know how to make a referral. The number of staff who had completed safeguarding training, as with other statutory and mandatory training, was poor.

4.56 A confidential complaint process was in place, and the complaint responses we sampled were reasonable. However, PPG was often unable to meet its timescales for responding to complaints, and we found that no complaint forms were available to prisoners. In quarter one, 20 complaints had been received, but the service had also received 12 compliments.

4.57 There were plans to increase the number of available clinical rooms. Those currently in use were in a reasonable condition, but did not always meet all infection prevention and control standards.

4.58 Most clinical staff were clearly identifiable. Most staff had received an appraisal, and access to supervision was reasonable.

4.59 SystmOne (an electronic clinical record) was used across all services. The standard of documentation was generally good.

4.60 An annual maintenance contract for medical equipment was in place, but we found that some equipment was overdue a service and/or calibration, and some consumables (such as blood glucose test strips) were out of date. This presented a risk to patient safety.

4.61 Appropriate emergency equipment and medicines were available; equipment was in good order and subject to daily checks. However, compliance with basic life support was 40%, which was poor.

Promoting health and well-being

4.62 Staff actively promoted good health. An impressive range of events were offered, including those in the national calendar. The patient engagement lead regularly visited the wings to provide individual support and encourage uptake of screening and immunisation programmes.

4.63 PPG had a good working relationship with the prison, including an agreement that two orderlies would split their roles to support health care in the absence of peer workers. Useful information on a variety of health-related topics was available, including regular newsletters.

4.64 All new arrivals were offered screening for blood-borne viruses such as HIV and hepatitis. NHS age-related health checks and screening programmes for bowel cancer and abdominal aortic aneurysm were also available.

4.65 Before being released, patients were seen by a health care professional. The patient engagement lead had put together a release pack, with information and contact details for various services and charities that could offer support.

4.66 There was a sexual health service, which provided care and advice in the prison. Patients could access this service confidentially. Although records were kept, they were not stored in a secure standalone IT system. This posed a risk to confidentiality.

Primary care and inpatient services

4.67 PPG provided a 24-hour primary care service. A GP clinic ran three days a week, with extra sessions added when needed. There was a daily triage clinic, and a nursing team, including an advanced clinical practitioner (ACP) who ran weekday clinics (ACPs are experienced health care professionals working at an advanced level, including diagnosis and prescribing).

4.68 Patients could request an appointment through a paper-based system, with all applications being clinically triaged. Access to GP and nurse appointments was good, with waiting times in line with those in the community. Patients had access to a range of specialists and allied health professionals, and waiting times for these services were reasonable. This was achieved despite challenges including a high turnover of prisoners, frequent new arrivals, and missed appointments. Health care staff were committed to understanding and tackling these issues, working closely with prison staff.

4.69 Most patients we spoke with were complimentary about health care staff. However, they wanted better communication about when they had an appointment and any unexpected delays to prescriptions.

4.70 New arrivals received an initial health screening to identify immediate health care needs, and referrals were made as appropriate. A second screening was also completed within the required timeframes, and the patient records we reviewed were clear and detailed. However, to manage the demands of the population, secondary screenings were not always carried out by a registered health care professional. This was not in line with national guidance.

4.71 Management of long-term conditions was unstructured and needed to be improved. Patients' needs were identified either during initial screening or at appointments, but there was no dedicated lead for long-term conditions or condition-specific clinics. Care plans were not always completed promptly, and they were not always personalised or clearly discussed with the patient.

4.72 Administrative staff provided support and processed information efficiently, including referrals and correspondence. External hospital appointments were well managed, despite challenges relating to the turnover of the population and occasional shortages of officer escorts.

4.73 Staff told us they enjoyed working at the service, highlighting the positive culture. They said they felt motivated to provide good care to patients. They worked hard to cover staff shortages and manage the resulting high workload.

Social care

4.74 A formal agreement has been drafted and signed between LCC and NHSE, authorising LCC to deliver social care services through the provider PPG. A Memorandum of Understanding between LCC and PPG has been prepared and is pending PPG's final sign-off.

4.75 An experienced full-time health care support worker and a nursing matron received tasks from health staff via SystmOne for any newly arrived prisoner identified during initial screening as having a potential adult social care need. Other referrals were triggered at the weekly safety intervention and health care meetings. The pre-release team also referred prisoners directly to the LCC. There was no electronic referral tracking system to provide oversight or assurance that all referrals were logged, reviewed and acted on within expected timeframes.

4.76 In the last year, health care had referred seven prisoners to social care, all of whom had been assessed by the local authority. At the time of our inspection, no prisoners were receiving a social care package. Prisoners could not self-refer, which was a gap. Equipment was made available following an occupational therapy assessment.

4.77 There was one buddy in place at the time of our inspection, who was supporting a younger prisoner with ND needs. He had a compact (a signed agreement) that set out his responsibilities, and when we spoke to him, he was able to explain his role and stated that he did not assist with any personal care tasks. The prisoner he was supporting told us

he liked his buddy and that he helped him (see also paragraphs 4.6 and 4.41).

4.78 The Welford unit included cells with wide doors. It had a lift; however, this was out of order for the duration of our inspection. The unit had an evacuation chair, but no staff were trained in its use, which was a gap. In the main prison only one cell was designated as an accessible cell. The main wing and social visits had small ramps, which meant that, overall, the environment would not adequately support individuals with substantial disabilities.

4.79 The pre-release team liaised directly with LCC to assist with ongoing care needs. Processes were in place for continuity of care following release or transfer.

Mental health

4.80 PPG delivered a stepped care model. The team was made up of nurses, a psychiatrist, a psychologist and a psychological well-being practitioner. The service operated seven days per week.

4.81 Patients identified through reception screening as needing mental health support were referred electronically to the team. Additional referrals came from across the prison and external sources, and patients had the option to self-refer. Approximately 99 referrals were received each month.

4.82 Referrals were seen promptly. They were discussed daily and added to the following day's triage list. An allocated nurse would complete a face-to-face triage, and this would be discussed at the team meeting. Outcomes would be agreed, and the patient would be allocated to a caseload or signposted to the appropriate service.

4.83 Officers we spoke to reported they were aware of the referral process and found the team to be helpful and responsive. However, disappointingly, no mental health awareness training had been offered.

4.84 The team had a combined caseload of 33 patients, approximately 10% of the population. It supported prisoners through evidenced-based one-to-one sessions and self-directed support. There were no groups running at the time of inspection; however, a part-time psychologist had recently been recruited, and we were assured they would be starting groups as a priority.

4.85 Nurses attended every ACCT review, which was good but placed added pressure on the team. The psychiatrist had a caseload of 36, and new patients waited approximately six weeks to be seen. Metabolic monitoring arrangements were in place.

4.86 No patients were formally recorded on SystmOne as being under the care programme approach, despite meeting the required threshold criteria. However, those we reviewed had a named nurse and a care plan, and patient outcomes were not adversely affected.

4.87 Patients requiring hospital treatment under the Mental Health Act were not always transferred in line with national timeframes, which was poor. Over the past year, the recommended transfer time had been breached for seven patients. At the time of reporting, three patients were awaiting transfer, and in two of these cases the expected timeframe had already been exceeded.

4.88 Effective arrangements for planned releases were in place, and there were good links to community services to ensure continuity of treatment when required. However, unexpected releases intensified the workload. It was not always possible to ensure that these patients could access community support services on release, which presented risks to safety.

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

4.89 In our survey, 40% of respondents said they had a drug or alcohol problem and 42% said it was easy or very easy to get illicit drugs in the prison.

4.90 PPG's clinical lead post was vacant, and Inclusion had not operated with a fully established team since the start of the contract. The clinical team were mostly able to meet the demand for services (which had increased due to the turnover of prisoners), but Inclusion were failing to meet their timescales for initial assessment and were unable to deliver available interventions regularly. No group interventions were delivered in February or May. Inclusion had not used temporary staff to cover long-term absences and vacancies.

4.91 Staff from the substance misuse services worked well together and attended all relevant prison and health meetings. However, the partnership and prison drug strategy meetings had failed to address some long-standing issues: there were still no peer mentors or mutual aid available, and medication hatches were poorly supervised (in our survey 40% of respondents said it was very easy or quite easy to get medication not prescribed to you). The MRU did not focus on recovery or deliver the intended outcomes for prisoners. It offered very few incentives or additional support for the client group, and admission was not exclusively linked to need. A review of this unit was planned (see also paragraphs 3.17 and 4.20).

4.92 New patients were assessed on arrival and treatment was continued or initiated without delay, with onward referral for psychosocial interventions.

4.93 At the time of our inspection, 60 patients (18% of the population) were receiving opiate substitution treatment (OST), and approximately 30 patients prescribed OST were discharged or released each month. This was mainly methadone, but prescribing was flexible and included long-acting buprenorphine injections. Non-medical prescribers, in addition to the GPs, also prescribed medication for substance misuse.

4.94 Reviews were completed on time, in accordance with guidelines, but were not attended by the psychosocial team. This was partly mitigated through information-sharing at the joint weekly complex case meetings. There was no joint work with the mental health team to support patients with a co-occurring diagnosis.

4.95 At the time of our inspection, only 79 patients were under the care of Inclusion. There were too few initiatives to promote the service and try to engage with those who might benefit from additional support. Care plans were in place, but they were not personalised and they varied in quality. A good range of one-to-one and group interventions were available, but resources were focused on trying to meet assessment timescales, which meant that too little was delivered. Additional space had recently been secured for future delivery. The recovery workers held caseloads of approximately 40 patients, and capacity limited the time available to support these patients. The service received, on average, 84 referrals each month in the first quarter.

4.96 Numbers of patients suspected of being under the influence of illicit substances (UTI) varied widely, from 28 in May, to 12 in June and 45 in July. Inclusion routinely supported all UTIs reported within five working days.

4.97 Inclusion did not provide substance misuse training to prison officers.

4.98 Good links with community providers were in place to support the increased number of prisoners being released. Patients were given advice on reducing harm and training in administering naloxone (a medicine used to treat opiate overdose).

Medicines optimisation and pharmacy services

4.99 The pharmacy team was well led and processes to manage medicines were generally robust.

4.100 There was access to medicines for minor ailments and out-of-hours provision for critical medicines, such as antibiotics. These medicines were labelled correctly and recorded appropriately.

4.101 During our inspection, prison officers were not always present to supervise the administration of medicines. Staff and patients reported that the level of supervision varied, with some officers managing queues effectively and others less so. During the inspection, a patient was observed bringing porridge in a cup to the medicines hatch. This was not challenged or removed by staff. This presented a risk of diversion of medicines and indicated that processes for maintaining safe administration practices were not consistently followed (see also paragraph 3.29).

4.102 Although 75% of patients received their medicines in possession, the time taken to administer medicines each day was lengthy, due to the delays with patients being escorted to the main medication hatch. This

wasted essential clinical resources and prevented patients from accessing the prison regime.

4.103 There was no privacy for patients during administration and patients and staff had to bend down to waist height to speak through the gap in the screen.

4.104 On the Welford unit, monitoring of fridge and room temperatures was poor. Staff often recorded display readings instead of using the calibrated probe, leading to repeated identical results. Fridge temperatures were sometimes logged above the safe range of 8°C, but records showed no evidence of action being taken beyond resetting the thermometer. Room temperatures were also recorded at up to 28°C, suggesting checks were inaccurate or not carried out properly.

4.105 In the Welford unit, policy requirements for recording, monitoring and escalating fridge and room temperatures were not followed. Logs contained repeated or identical entries, with long gaps in recording, and checks were not properly signed. When temperatures exceeded recommended levels, there was no evidence of corrective action. Similar gaps were found in the main wing, where six consecutive days of room temperature checks had been missed. This created a risk that medicines were stored outside safe conditions.

4.106 Medicine reconciliations were completed promptly. Requests for prescriptions to initiate or continue treatment, sent to prescribers using SystmOne, were not completed promptly. This caused a delay for some patients in receiving their medicines. We found that requests for prescribing and authorising medicines were not always actioned promptly by prescribers. On the day of inspection, we saw tasks that were still awaiting completion from five days earlier, which was poor.

4.107 Medicines for mental health concerns had the longest delay in being prescribed for patients, with evidence of patients waiting up to seven days due to the limited psychiatrist cover.

Dental services and oral health

4.108 Time for Teeth provided a full range of NHS dental health services. A dentist was available two days per week, with an additional day every two weeks. Dental nurses were available at each clinic.

4.109 The average waiting time for a routine appointment was six to eight weeks, and follow-on treatment was about two weeks, which was acceptable. There were arrangements for patients who required urgent treatment, including when a dentist was not on site.

4.110 Clinics were sometimes affected when patients declined to attend or when officer escorts were unavailable. Staff were working hard to improve access to appointments, but the high turnover of patients presented significant challenge.

4.111 Dental care records were detailed and complete. They evidenced patients receiving appropriate assessment, treatment and advice on oral health.

4.112 The dental treatment room and decontamination areas were clean. Equipment was serviced and maintained appropriately.

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 At the time of our inspection, around 32% of prisoners were unemployed or awaiting allocation to activity, and these individuals could expect to receive a little more than two hours out of their cells each day if the daily routine ran on time.

5.2 There were few full-time activity places available. Only 15% of prisoners held full-time positions, and these individuals were unlocked for between seven and eight hours each day, including evening association for those held on the Parsons unit. Around half of prisoners had part-time roles, and these men could expect to receive around five hours out of their cells each day.

5.3 Prisoners could access an hour of outside exercise each day, though some vulnerable prisoners held on the Welford unit said that they did not take advantage of it because their exercise yard was too close to the main wing's windows.

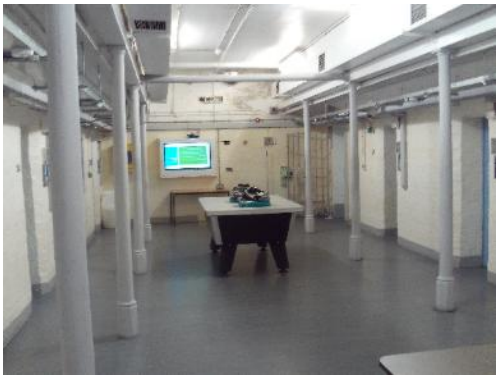
5.4 Our own roll checks found that 30% of prisoners were locked up during the working day, and only 22% were involved in some form of purposeful activity.

5.5 In our survey 61% of prisoners said that they usually spent less than two hours out of their cells on weekdays, which was considerably worse than the 35% finding at our last inspection. Prisoners frequently expressed frustration at delays in being unlocked, and local records showed that roll checks were often completed late, which still further reduced prisoners' time out of cell. Residential staff struggled to account promptly for prisoners' locations (see also paragraph 3.29), and we were told that the daily routine was also prone to disruption due to delays in issuing medication on the main wing.

5.6 Despite the significant number of prisoners arriving each week, education and work allocation processes were working reasonably well and staff were working hard to ensure that most prisoners were allocated to roles swiftly.

5.7 Very little enrichment activity was taking place on the wings, and recreational equipment was only available on the Parsons and Welford units. Landings on the main wing were cramped, which meant that

many prisoners had little to do on association periods besides standing in front of their cell doors.




On-wing recreational equipment (left) and main wing landing

5.8 Time out of cell at weekends was poor. Prisoners received less than two hours unlocked. In our survey, 78% said that this was usually the case, which was significantly worse than in comparable prisons.

5.9 To mitigate the absence of other enrichment activity and limited time out of cell, prison leaders had invested in PE facilities and access was excellent. Significant refurbishments had been undertaken to fix the floor in the gym, as well as the roof to prevent leaks. Consequently, it was now a good facility.


Damaged gym floor before refurbishment (left) and gym after refurbishment

5.10 The previous governor had also invested in staff to support regular access, and the gym was open daily, staffed by five physical education instructors (PEIs). In our survey, 67% of prisoners said that they could attend the gym three times a week or more, compared to 27% in similar prisons. Local data indicated that around two-thirds of prisoners were active users.

Gym cardiovascular area

5.11 The gym timetable offered a range of specialised sessions, including dedicated sessions for full-time workers, individuals referred by health care and those with neurodiverse needs. It was positive that one session a week was available for prisoners held on the CSU, subject to risk assessments.

5.12 Prisoners could complete a level 3 first aid course in the gym, and additional accredited courses were due to begin imminently. Several non-accredited courses were also being run by gym staff. A community group was visiting the prison regularly to conduct football drills with prisoners at risk of homelessness, with further support available for these individuals on release.

5.13 The library had reopened three months before our visit after being closed due to a lack of staff for several months. Access was good. Prisoners on the main wing could easily visit the library during their association periods; in our survey, 69% of prisoners said that they could visit once a week or more, compared to 44% at similar prisons.

5.14 The library was run by Leicester City Council and staffed by two enthusiastic librarians and a prisoner orderly. It was small but welcoming, with a reasonable selection of books, newspapers and DVDs.

The library

5.15 Footfall was high, at around 240 visitors each week. Book withdrawals had steadily increased since the library had reopened, with 197 in the month before our visit.

5.16 Few activities were being run through the library, beyond some group and one-to-one sessions held by a reading specialist.

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.

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

Overall effectiveness: Inadequate

Quality of education: Inadequate

Behaviour and attitudes: Inadequate

Personal development: Requires improvement

Leadership and management: Inadequate

5.18 Leaders did not set high enough expectations for prisoners to engage in education, skills and work (ESW). Although they had a clear strategy for the prison to support prisoners to transfer to their next establishment and to support those being released into employment and training, leaders did not promote the benefits of ESW well enough. Too few prisoners took part in activities, despite there being sufficient places available. In the survey 39% of prisoners said that wing staff did not encourage them to go to ESW.

5.19 Leaders had not addressed most of the concerns raised at the previous inspection. Attendance continued to be too low, particularly in workshops. Managers did not monitor the attendance of prisoners in wing work roles. Prisoners were too often late for activities and on arrival did not start their activity or work promptly. Staff did not promote workplace behaviours such as productivity and offered prisoners too many breaks during their activities.

5.20 Too many prisoners with neurodiverse needs did not receive the support that they needed to engage in activities. Leaders and managers ensured that the large proportion of prisoners with learning needs were screened to identify the support that they needed, but too often staff did not put this support in place. For example, prisoners who were anxious in education were not supported well enough to help them to participate in learning activities. In the survey, only 10% of prisoners who considered themselves to be neurodivergent said they had been given the support that they needed.

5.21 For too many prisoners, the curriculum provided by leaders was not aspirational enough. The curriculum was very narrow, focusing on English, mathematics, English for speakers of other languages (ESOL) and a small number of short courses in generic areas such as food safety and first aid. Prisoners did not gain relevant vocational skills or develop their work readiness. Too many prisoners took part in work that was too easy or not planned. Instructors did not monitor prisoners well enough to ensure that they were gainfully employed. Staff provided limited or no guidance or training for prisoners undertaking wing work. As a result, prisoners employed as cleaners on one unit used incorrect cleaning products and did not use the right personal protective equipment required to carry out their work. In our survey 41% of prisoners said their work role would not help them when released.

5.22 The provision for prisoners for whom English was not their first language did not focus sufficiently on the development of their speaking and listening skills. Prisoners moved into work roles without the necessary skills to communicate effectively with staff and other prisoners.

5.23 Managers responsible for work did not have an oversight of prisoners undertaking job roles on the residential wings. Too many wing staff did not set challenging work that stimulated or enthused prisoners. Staff opted to give prisoners mundane routines in order to ensure that prisoners behaved in a compliant way.

5.24 Prisoners completed their induction swiftly after arrival at the prison and most were allocated to activities quickly. However, staff responsible for information, advice and guidance (IAG) for prisoners did not use the information collected from induction quickly enough to ensure prisoners started on the correct course.

5.25 Leaders ensured that prisoners' pay was fair and equitable. Prisoners were incentivised to attend education and accredited courses with higher pay rates than those in the small number of industry workshops and wing workers.

5.26 The reading strategy had been recently refreshed but it was too early in its implementation to have made a significant impact. Leaders and managers had reintroduced the reading support role. The reading specialist had started to support prisoners by using phonics to improve their reading skills. A few prisoners had started to make progress in developing their reading skills. Leaders had planned new training for staff on how to promote reading and had invested in reading materials that were available for prisoners in the prison library, in education and in the small number of workshops. Staff had not started to actively promote reading in ESW, particularly in workshops and on the wings. However, prisoners had frequent access to the library that was situated on the main wing.

5.27 PeoplePlus provided education and a small amount of vocational training in the prison. Most teachers were appropriately qualified and experienced. However, a few newer teachers did not yet hold teaching qualifications, and too many lessons where there were vacancies were covered by teachers without the relevant subject knowledge. This was particularly the case in ESOL. Managers had appointed suitable teachers, but they were not yet in post. The mathematics and English curriculums were appropriately sequenced to build on prisoners' knowledge and skills incrementally and to prepare prisoners for education or work at their next custodial establishment. In food preparation, teachers contextualised mathematics well, encouraging prisoners to scale up ingredients to plan larger batch cooking, such as when preparing food for a coffee morning. Most teachers used effective recap activities at the start of sessions. For example, they checked that prisoners understood the basic principles of food hygiene, such as the need to wash their hands after handling raw meats and after mixing ingredients by hand to avoid cross food contamination. In some units,

teachers did not employ effective teaching strategies. They taught English, mathematics and ESOL all at the same time with a group of prisoners working across a range of educational levels. This meant that lesson content was confusing at times for prisoners, who struggled to participate and make progress. Teachers in English and ESOL did not consistently support prisoners to improve their writing skills. They did not identify spelling and grammatical errors in prisoners' work and often provided incorrect advice to address the mistakes.

5.28 Staff did not support prisoners well enough to improve their digital skills. Prisoners could access computers in the education department, but teachers mostly focused on using these for the completion of worksheets. Prisoners did not learn how to use different computer programmes such as word processing, how to use spreadsheets or how to access information to prepare them for release. Prisoners did not have access to the Virtual Campus.

5.29 Staff did not provide prisoners in mentor roles with sufficient training or guidance to be able to fulfil their role effectively. Teachers did not direct support staff to be able to support prisoners effectively.

5.30 A small number of prisoners studied accredited courses and most gained qualifications. They made expected progress from their starting points in English, mathematics and in reading and writing for those on ESOL courses. Prisoners with special educational needs made progress in line with their peers.

5.31 Managers in education had in place appropriate processes to monitor the quality of education prisoners receive. They used the results to inform plans for improvement, but in too many cases these were not implemented quickly enough. Managers had not taken effective action to improve prisoners' attendance to education sufficiently since the previous inspection or to improve the weaker aspects of teaching in English or ESOL.

5.32 In education, kitchens and in workshops most prisoners behaved appropriately. The atmosphere in the classrooms in the main education areas was calm, orderly and conducive to learning. However, in a few instances, prisoners displayed unacceptable behaviour such as discussing their criminal exploits and talking in a misogynistic manner. The classroom in one of the units was not conducive to learning, with frequent noise from the wing disrupting prisoners' learning and focus. A few prisoners demonstrated poor behaviour in the classroom, including using foul language and vaping, and staff did not always challenge appropriately in these instances.

5.33 Careers and IAG staff provided helpful support for prisoners prior to their release. They provided helpful self-employment workshops to develop prisoners' knowledge about how to set up their own business. Careers and IAG staff supported prisoners to apply for work and provided help with CV preparation, writing supporting statements, and interview techniques. Prisoners working in the prison kitchens benefited

from presentations and master classes from well-known employers in the hospitality and catering industry.

5.34 Staff provided useful enrichment activities but only for the few prisoners who engaged in education. Prisoners who used in cell laptops developed their understanding of topics such as alcohol and drug awareness and environmental management. They also used the laptops to follow their interests, such creative writing. In education, prisoners developed an understanding of topics such as autism awareness and religious festivals.

5.35 Staff did not provide sufficient support for prisoners to secure their understanding of British values and how they apply to everyday life. Activities that were provided were often unrelated to the courses prisoners studied and were added on to the end of lessons as an afterthought. A few prisoners understood British values at only a very superficial level.

5.36 Teachers in education felt well supported by managers with their workload and well-being.

Section 6 Preparation for release

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

Children and families and contact with the outside world

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

6.1 Leaders prioritised prisoners' contact with their families. In our survey, significantly more prisoners than at similar prisons said staff encouraged them to keep in touch with family or friends (40% compared with 27%).

6.2 Access to social visits was good. Remand prisoners could receive three visits a week, while sentenced prisoners could receive between two and four visits a month depending on their IEP status. This was an improvement on the last inspection, when all sentenced prisoners were limited to a maximum of two visits.

6.3 Visit sessions were available on three afternoons and three evenings during the week, as well as weekend mornings and afternoons. The increase in evening and weekend sessions since the last inspection was particularly positive, providing greater opportunities for school-age children to attend. Daytime sessions accommodated up to 23 prisoners and evening sessions up to 10.

6.4 The visits hall was bright and welcoming. Fixed seating had been removed since the last inspection. Facilities included a play area for children, and refreshments such as hot and cold drinks, sandwiches and snacks. Staff from the Prison Advice and Care Trust (PACT) supported visitors and prison staff during sessions. Visitors we spoke to said booking was straightforward and staff treated them well.

6.5 Prison managers monitored whether prisoners were receiving visits, and PACT staff followed up with those who had not, helping to identify solutions such as the official prison visitor scheme.

6.6 Family days run by PACT had increased in frequency from quarterly to monthly. These sessions were imaginatively themed, provided

extended time together, and enabled families to take part in creative activities.

6.7 PACT also facilitated monthly forums, giving families opportunities to provide feedback and suggestions about provision.

6.8 Prisoners had access to in-cell phones to maintain contact with family and friends. However, many new arrivals reported delays in obtaining authorisation to make calls. Responsibility for this had recently been transferred from the OMU to a dedicated business hub staff member, which had reduced the backlog.

6.9 Prisoners could also maintain contact through video calls. In our survey, 26% reported using this service, compared with 12% in similar prisons. Prisoners said time slots were sometimes unsuitable for families, but staff were often flexible in accommodating requests.

6.10 Despite the generally good provision, specialist and individualised support for prisoners with family-related issues remained limited.

Reducing reoffending

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

6.11 The prison's primary function was to serve the local courts. Turnover was very high, with frequent arrivals, transfers and releases, meaning most prisoners stayed only briefly.

6.12 This rapid turnover limited the scope for sustained rehabilitative work. Nevertheless, work to reduce reoffending was well organised. Leaders were fully aware of the needs of the diverse and transient population, which included sentenced and unsentenced prisoners, licence recalls, foreign nationals, young adults, prisoners convicted of sexual offences, and a small number of prisoners serving indeterminate sentences.

6.13 The co-location of offender management, public protection and resettlement staff continued to be a real strength. Teams understood their roles clearly and shared a strong commitment to improving prisoner outcomes.

6.14 The OMU benefited from a consistent, confident and experienced leadership. Despite a shortage of probation-trained prison offender managers (POMs) and case administrators, staff supported each other well and worked cohesively.

6.15 About a third of the population were sentenced and required offender management.

6.16 POMs were all non-operational, so they were not redeployed to other duties. They had direct access to nDelius (the probation service IT system), which improved their ability to manage caseloads effectively.

6.17 Caseloads were manageable, particularly as many prisoners were the responsibility of the community offender manager (COM) or were due to transfer quickly. The frequency of contact between POMs and prisoners was generally appropriate to risk and need. Key work had been used to support offender management, but delivery was inconsistent (see also paragraph 4.4).

6.18 Most eligible prisoners had an Offender Assessment System (OASys) assessment. In the sample we reviewed, sentence planning was of a reasonable standard.

6.19 There was good support for those held on remand. Shortly after arrival, the pre-release team assessed immediate resettlement needs, taking proactive steps to protect tenancies, contact employers and debtors, and even arrange care for pets. Remanded prisoners could access help to improve employment prospects on release and apply for recognised forms of identification. However, not all prisoners were aware of the support available, and the lack of bail information and advice to improve risk assessments for court was a notable gap (see also paragraph 4.31).

6.20 Initial security categorisations were set promptly after sentencing, and transfers were managed well by a small team of experienced OMU hub managers and case administrators. Over the previous 12 months, more than a thousand transfers had been completed, usually swiftly. Only a few prisoners remained longer, typically due to ill health or outstanding charges.

6.21 Home detention curfew processes were efficient, but most prisoners transferred before their applications were completed. Among those who remained, some were released after their eligibility date. This was usually for reasons outside the prison's control, such as limited time left to serve, lack of suitable accommodation, or delays in community checks (see also paragraphs 6.35 and 6.39).

Public protection

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

6.22 About half of the sentenced population were assessed as posing a high or very high risk of serious harm to others, and a similar proportion were eligible for multi-agency public protection arrangements (MAPPA – see Glossary) on release because of the seriousness of their offences.

6.23 Despite the rapid turnover of the population, public protection work was reasonably good. The structured monthly risk management meeting was multidisciplinary and effective. It considered a wide range of prisoners at appropriate intervals. A separate review meeting focused specifically on those posing a risk to children and subject to contact

restrictions, and governance was supported by strategic oversight meetings.

6.24 Risks posed by new arrivals were identified quickly, with restrictions on contact applied promptly where appropriate and information shared across relevant departments.

6.25 However, there were delays in monitoring prisoners' calls, and inconsistencies in the way mail room staff applied contact restrictions, which undermined otherwise good use of public protection tools.

6.26 Information-sharing and joint working with police and community probation teams were usually good. Contributions from the OMU to MAPPA meetings were meaningful and comprehensive, providing a clear analysis of prisoners' behaviour, attitudes and responsiveness, and how these factors should inform risk management both in custody and after release.

6.27 The standard of risk management plans was generally good, and some were excellent. However, they were not always updated swiftly after changes in circumstances, such as a return to custody, which weakened their impact.

Interventions and support

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

6.28 In keeping with its function as a reception and resettlement prison, HMP Leicester did not deliver accredited behaviour programmes.

6.29 Nearly half of the sentenced population had been recalled to custody for breaching licence conditions. Some had returned multiple times on the same sentence and many stayed only a few days before release. For these men, as well as others serving very short sentences or held on remand, there was little scope to engage in meaningful risk reduction work.

6.30 For the minority who stayed longer, we saw some positive examples of POM-led interventions to address offence-related attitudes, thinking and behaviour. A small number had also completed the Facing up to Conflict course, delivered by the chaplaincy, which helped participants manage anger and handle conflict (see also paragraph 4.46).

6.31 An impressive employment lead was embedded in the prison, and two well-resourced and busy employment and resettlement hubs had been introduced on the main wing.

One of the employment and resettlement hubs

6.32 A wide range of advice and guidance was available for both remand and sentenced prisoners approaching release to improve employment prospects. This included support with CVs, disclosure letters and interview preparation. Regular events enabled prisoners to meet employers and learn about opportunities, and some were supported to develop entrepreneurial and vocational ideas. In June 2025, prison data showed that around 17% of eligible prisoners on licence were in employment six weeks after release.

6.33 Support with managing finances was reasonably good. Staff from the Department for Work and Pensions prepared benefit claims before release and activated them on the day, ensuring same-day payment. They could suspend benefits and maintain housing payments for eligible prisoners. A prison-employed administrator helped men obtain proof of identification, and those with a release date could apply for a bank account.

6.34 Despite these positive initiatives, short stays and the rapid turnover of the population continued to limit consistent progress in resettlement outcomes.

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.

6.35 Around 80 prisoners were released each month, mostly to the Leicester and Leicestershire area, which supported links with community agencies. However, many were released directly from court or had only spent a few days or weeks in custody, making timely and effective resettlement planning particularly difficult.

6.36 The pre-release team worked hard to keep pace with demand, ensuring that resettlement needs were identified quickly, shared appropriately, and addressed wherever possible.

6.37 In the cases we reviewed, resettlement plans were generally of good quality, referrals were made promptly, and levels of contact between agencies were strong. Prisoners we spoke to were positive about the support they had received.

6.38 The pre-release board, chaired by the head of reducing reoffending, was an effective forum for checking that needs had been identified and were being managed. Most prisoners approaching release could attend in person and meet a range of staff and agencies, including the OMU, employment lead, pre-release team and 'through the gate' providers covering health, well-being and substance misuse.

6.39 Housing on release remained a significant challenge. Despite efforts by the prison and its partners, outcomes were poor. In the 12 months before the inspection, just over a third of sentenced prisoners released directly on licence had no address for their first night, and only a fifth left to accommodation deemed sustainable (lasting more than 13 weeks). Outcomes for many others, particularly those released directly from court, were not known.

6.40 A 'departure lounge' had been introduced in the visits hall during the inspection week. This facility offered practical support and information about community services, alongside a small supply of essentials, such as food, bags, toiletries and towels, for those in need.

The departure lounge


Resources available in the departure lounge

6.41 Prisoners were released through the main entrance. This was more decent and respectful than the vehicle gate process we typically see in other prisons, where releases often attract unnecessary public attention.

Section 7 Progress on concerns from the last inspection

Concerns raised at the last inspection

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

Safety

Prisoners, particularly the most vulnerable, are held safely.

At the last inspection, in 2023, we found that outcomes for prisoners were sufficiently good against this healthy prison test.

Priority concerns

The prison's strategy to reduce the supply of and demand for drugs was not sufficiently robust. There was a lack of effective joined up working between leaders and no plan to coordinate, drive and measure the effectiveness of actions taken to address issues. The frequent redeployment of staff impacted on target searching and suspicion testing, and drug testing was predictable to prisoners
Addressed

The emergency cell call bell system did not function effectively, posing a potentially serious risk in an emergency.
Addressed

Key concerns

The prison required a comprehensive strategy to tackle the underlying the issue of self-harm, for example, one that focused on risks following a prisoner's arrival, as well the risks caused by isolation and a lack of access to purposeful activity. Leaders did not yet use data sufficiently well to inform self-harm reduction plans, and current actions were too small in scale to address the fundamental issues leading to self-harm.
Addressed

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection, in 2023, we found that outcomes for prisoners were sufficiently good against this healthy prison test.

Priority concerns

Work to support prisoners' recovery from addiction was not prioritised. The regime on the recovery unit was limited, staff had not received specialist training, and a lack of time and space reduced therapeutic support.
Not addressed

Key concerns

Many cells were in need of refurbishment and/or redecoration. The worst accommodation was on the Parsons Unit, where many of the cells were damp with evidence of mould and cockroach infestation.
Not addressed

The promotion of equality needed to be prioritised and energised. The quality of work to support prisoners with protected characteristics was inconsistent, data were not used well to improve outcomes, and there was minimal guidance and support for equality peer workers.
Addressed

Purposeful activity

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

At the last inspection, in 2023, we found that outcomes for prisoners were not sufficiently good against this healthy prison test.

Priority concerns

There was a lack of full-time activity places and those that were available were not always filled. Full time kitchen workers were required to live in the worst accommodation in the prison which did not incentivise prisoners to fill these roles. The split regime meant that some prisoners could not access classroom vacancies in subjects that they needed to study.
No longer relevant

Key concerns

The gym was in need of refurbishment. Damage had been caused by a leaking roof, and a temporary platform for exercise was not fit for purpose.
Addressed

Prisoners' attendance and punctuality at work and education sessions was not good enough.
Not addressed

The standard and consistency of teacher and instructor support for prisoners with learning difficulties and/or disabilities required significant improvement. Teachers, for example, needed to implement support plans with greater consistency.
Not addressed

Work activities, and aspects of education provision, required improvement. Work instructors did not plan sufficiently demanding work for many prisoners, and those who studied subjects on their wings did not benefit from well-planned lessons.
Not addressed

Rehabilitation and release planning

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

At the last inspection, in 2023, we found that outcomes for prisoners were sufficiently good against this healthy prison test.

Priority concerns – nil

Key concerns

The family service provider, PACT, no longer delivered any parenting courses or offered individual casework support to prisoners.
Not addressed

Too many prisoners who should have been released from Leicester were transferred to HMP Lincoln during the latter part of their sentence, undermining work to support resettlement and release planning.
Addressed

Appendix I About our inspections and reports

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

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

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

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

Respect
Prisoners are treated with respect for their human dignity.

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

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

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

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

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

concerns. Procedures to safeguard outcomes are in place.

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

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

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

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

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

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

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

This report

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

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

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

Inspection team

This inspection was carried out by:

Martin Lomas	Deputy Chief inspector
Ian Dickins	Team leader
Esra Sari	Inspector
Rick Wright	Inspector
Jade Richards	Inspector
Dionne Walker	Inspector
Paul Rowlands	Inspector
Lynn Glassup	Inspector
Simon Newman	Inspector
Sam Moses	Researcher
Tareek Deacon	Researcher
Emma King	Researcher
Emily Hempsted	Care Quality Commission inspector
Dayni Johnson	Care Quality Commission inspector
Mary Devane	Ofsted inspector
Bev Ramsell	Ofsted inspector
Ian Frear	Ofsted inspector
Johnny Wright	Ofsted Inspector

Appendix II Glossary

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

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

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

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

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

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

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

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

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

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

Protection of adults at risk
Safeguarding duties apply to an adult who:

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

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

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

Appendix III Care Quality Commission action plan request

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

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

Breach of Regulation

Provider: Practice Plus Group
Location: HMP Leicester
Location ID: 1-18390350900
Regulated activities: Diagnostic and Screening Procedures Treatment of disorder, disease or injury.

Regulation 12 Safe Care and Treatment- Ensure care and treatment is provided in a safe way to patients.

12 (1) Care and treatment must be provided in a safe way for service users.

(2) Without limiting paragraph (1), the things which a registered person must do to comply with that paragraph include –

a) assessing the risks to the health and safety of service users of receiving the care or treatment;

b) doing all that is reasonably practicable to mitigate any such risks;

c) ensuring that persons providing care or treatment to service users have the qualifications, competence, skills and experience to do so safely;

d) ensuring that the premises used by the service provider are safe to use for their intended purpose and are used in a safe way;

e) ensuring that the equipment used by the service provider for providing care or treatment to a service user is safe for such use and is used in a

safe way;

f) where equipment or medicines are supplied by the service provider, ensuring that there are sufficient quantities of these to ensure the safety of service users and to meet their needs;

g) the proper and safe management of medicines;

h) assessing the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated;

i) where responsibility for the care and treatment of service users is shared with, or transferred to, other persons, working with such other persons, service users and other appropriate persons to ensure that timely care planning takes place to ensure the health, safety and welfare of the service users.

How the regulation was not being met:

- Systems in place for the proper and safe management of medicines were not all implemented effectively. Patients were placed at risk because they experienced delays receiving their medicines. Prescribers were not always available or failed to respond promptly.
- The cold chain was not always maintained to ensure safe and effective medicines. The monitoring of medicines requiring refrigeration and medicines at room temperature within the Welford Unit was not in line with the provider's policy. The recording, monitoring, and escalation of refrigerator breaches and room temperature breaches were not carried out in line with the provider's policy.
- Medical equipment was not always monitored to ensure its safety and effectiveness. We found items within clinical rooms that had passed their expiry date.
- Secondary screenings were not always carried out by a registered healthcare professional, in line with national guidance. This meant that the persons providing care or treatment to patients may not have the qualifications, competence, skills and experience to do so safely.
- Care planning did not always take place to ensure the health, safety and welfare of the patients. Care plans varied in quality for patients with a long-term condition and for patients with addictions and those who misuse substances. They were not always completed promptly, and they were not always personalised or clearly discussed with the patient.
- There was no structured approach to the delivery of long-term condition management, to ensure patients' health was always monitored in relation to long-term conditions, and to ensure their annual reviews were carried out.

Breach of Regulation

Provider: Practice Plus Group
Location: HMP Leicester
Location ID: 1-18390350900
Regulated activities: Diagnostic and Screening Procedures Treatment of disorder, disease or injury.

Regulation 17 Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Regulations for service providers and managers - Care Quality Commission (cqc.org.uk)

17 (1) Systems or processes must be established and operated effectively to ensure compliance with the requirements in this Part.

(2) Without limiting paragraph (1), such systems or processes must enable the registered person, in particular, to—

a) assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services);

b) assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity;

c) maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided;

d) maintain securely such other records as are necessary to be kept in relation to—

(i) persons employed in the carrying on of the regulated activity, and

(ii) the management of the regulated activity;

e) seek and act on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services;

f) evaluate and improve their practice in respect of the processing of the information referred to in sub-paragraphs (a) to (e).

How the regulation was not being met:

- Systems and processes were not all effectively established or implemented to identify, assess, monitor and mitigate the risks relating to the health, safety and welfare of patients and others who may be at risk

arising from the carrying on of the regulated activities. There was insufficient oversight of task management to ensure timely monitoring, action, and completion. As a result, delays were not always promptly identified and mitigated.

- Complaints were not always processed appropriately for the purposes of continually evaluating and improving services. We found complaints that were not consistently responded to within the timeframes set out in the provider's policy.
- Quality and safety of services were not consistently assessed, monitored, and improved. We found gaps in staff supervision and training compliance, and a lack of documented evidence regarding processes for conducting prescribing audits. Improvement actions arising from the analysis of incidents, risks, and meeting discussions were not consistently completed, limiting the opportunity to minimise the risk of recurrence.
- A secure, accurate, complete and contemporaneous record was not consistently maintained in respect of each patient, including decisions taken in relation to the care and treatment provided. This included that we found patients were not always informed about appointment decisions following their applications to healthcare, and delays to prescribing were not well documented or explained to the patient. Patients were not formally recorded on the clinical system as being under the Care Programme Approach (CPA) despite meeting the threshold criteria. Information about sexual health services was not stored on a confidential, standalone IT system.

Appendix IV Further resources

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

Prison population profile

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

Prisoner survey methodology and results

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

Prison staff survey

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

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

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

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