Report on a scrutiny visit to

# HMP Exeter

by HM Chief Inspector of Prisons

**9 and 16–17 March 2021**

# Contents

# Introduction

HMP Exeter is a category B local and resettlement prison which holds prisoners remanded or sentenced by the courts in south west England and those resettling in the region. At the time of this visit, about 430 prisoners were held in the prison.

The last full inspection of Exeter took place in May 2018. On that occasion outcomes for prisoners were so poor in the area of safety that we issued an Urgent Notification to the Secretary of State for Justice. At our subsequent Independent Review of Progress in 2019 we found, despite some progress, that improvement against the majority of key recommendations was 'too little too late'. Since then, further progress has been hampered by high turnover of staff at all levels. At this visit, some key leadership posts had just been filled and one-third of frontline staff had been in post for less than a year.

The governor had a clear vision for the establishment, which was focused on improving staff culture, but significant progress was still needed in order to create a safer, more decent and secure establishment. We found that relationships between prisoners and staff were not good enough and many prisoners were frustrated at the difficulties they faced, for example, when making reasonable requests. In particular, prisoners from a black or minority ethnic background had very poor perceptions of staff.

Notwithstanding these concerns, during the pandemic violence had reduced and use of force was reasonably well managed, which was encouraging. There was evidence that action taken to reduce the supply of illicit substances was beginning to have an impact, but there had been little progress in addressing long-standing deficiencies in the care of prisoners at risk of self-harm or suicide.

Health care provision was reasonable and access to clinics was improving. There were good partnership arrangements which had helped address a recent outbreak of COVID-19. The response to the pandemic was undermined by weaknesses in the cohorting of new prisoners. We found prisoners who should have been kept separate from the main population socialising in other prisoners' cells. Symptomatic prisoners were unable to leave their cell for any reason for a minimum of 10 days.

Time out of cell for most prisoners was limited to about 90 minutes on most days and less on Fridays and at weekends. Work opportunities had been confined to essential roles only and education was being delivered through work packs completed in cells. While some prisoners made good progress, others spoke of difficulties in getting access to teachers or to the resources needed to complete the work.

The offender management unit was well led and had a very small backlog of work. There was very little face-to-face contact with prisoners and prison offender managers relied on telephone calls and contact made through cell doors. Public protection arrangements were good. Prisoners valued the practical support offered immediately before their release.

Despite some progress since our last inspection and during the pandemic, outcomes for prisoners at Exeter still required improvement. All leaders and managers needed to commit fully to the governor's vision for the establishment with the development of staff capability based on good quality relationships with prisoners remaining a priority.

**Charlie Taylor**
HM Chief Inspector of Prisons
March 2021

# About HMP Exeter

**Task of the prison**
Category B adult male local prison serving the south west area courts

**Certified normal accommodation and operational capacity (see Glossary of terms)**
Prisoners held at the time of this visit: 432
Baseline certified normal capacity: 326
In-use certified normal capacity: 432
Operational capacity: 432 (reduced temporarily from 531 due to closure of D wing for replacement of fire alarms

**Prison status (public or private) and key providers**
Public

Physical health provider: Practice Plus
Mental health provider: Devon Partnership NHS Trust
Substance misuse treatment provider: Practice Plus
Prison education framework provider: Weston College
Community rehabilitation company (CRC): Dorset, Devon & Cornwall (Catch22 deliver TTG Resettlement Services on behalf of DDC CRC)
Escort contractor: Serco

**Prison group/Department**
Devon and North Dorset

**Brief history**
Built in 1853, HMP Exeter is a Victorian prison of radial design, with three wings positioned around the centre. In the late 20th century, D wing was added and, more recently, education blocks were built. In recent years a refurbished reception, new visits hall and a social care unit (F wing) have been introduced.

**Short description of residential units**
A wing holds 194 remand or sentenced and convicted adults and young prisoners. A4 has a constant supervision cell. A1 is the segregation unit.
B wing, the vulnerable prisoner wing, holds 87 remand or sentenced and convicted adults and young prisoners.
C wing holds 189 remand or sentenced and convicted adults and young prisoners. C4 landing houses first night prisoners and prisoners requiring integrated drug treatment and alcohol detoxification.
D wing is currently closed while a new fire alarm system is installed.
F wing, a social care unit, holds 11 prisoners. It contains the Jubilee Suite, a palliative care room for terminally ill prisoners, and a constant supervision cell.

**Governor and date in post**
Richard Luscombe, December 2019

**Leadership changes since last full inspection**
Governors:
Dave Atkinson, March to November 2019
Peter Elbourn, January 2015 to July 2018; September 2018 to February 2019
Neil Lavis (acting governor), July to September 2018

Deputy Governors:
Pete Lewis, June 2020 - Present
Dave Crawford, January 2020 - June 2020
Steve Mead, June 2018 to January 2020

**Independent Monitoring Board chair**
Jenny Ellis

**Date of last inspection**
May 2018

# Summary of key findings

## Key concerns and recommendations

S1 Key concerns and recommendations identify the issues of most importance to improving outcomes for prisoners and are designed to help establishments prioritise and address the most significant weaknesses in the treatment and conditions of prisoners.

S2 During this visit we identified eight areas of key concern and have made a small number of recommendations for the prison to address.

S3 **Key concern**: Despite a clear vision for a safe, decent and secure establishment, we found many areas where outcomes needed to improve. Many of these deficiencies were linked to the staff culture we observed and the associated lack of confidence among staff, many of whom were inexperienced. Staff-prisoner relationships were lacking. Some examples of this included unresponsiveness to prisoner requests and enquiries, insufficient care for prisoners at risk of self-harm or suicide and indifference to the needs of prisoners with physical disabilities, one of whom we found located on the fourth landing of a wing.

**Recommendation: Leaders and managers should set high standards, model the culture articulated by the governor and support frontline staff to improve relationships with prisoners. Oversight of practice should be improved to ensure the needs of prisoners, particularly the most vulnerable, are met**. (To the governor)

S4 **Key concern:** We found newly arrived prisoners who should have been isolated from the main population socialising in other prisoners' cells. This undermined the purpose of the reverse cohort unit. In addition, arrangements for symptomatic prisoners were not decent, with prisoners unable to leave their cells for at least 10 days.

**Recommendation: Leaders should make sure that the reverse cohort unit operates effectively and that prisoners subject to cohorting arrangements have opportunities to leave their cell for a shower and time in the open air.** (To the governor)

S5 **Key concern:** Induction for new prisoners was ineffective and prisoners told us that they did not get the information they required from induction, for example, how to perform day-to-day tasks such as using the electronic kiosks to make applications or complaints. Leaders and staff could not account for how much, if any, of the induction process individual new arrivals had completed.

**Recommendation: A comprehensive induction programme should be developed to make sure that prisoners new to custody are given all the information they need in their early days at Exeter.** (To the governor)

S6 **Key concern:** There had been six self-inflicted deaths since our last inspection and several recommendations from the Prisons and Probation Ombudsman about the quality and effectiveness of the ACCT process. During this visit we found that the quality of ACCT documents and their management remained poor and prisoners in at risk of self-harm were not adequately supported. Care maps were superficial with too many outstanding actions. Prisoners were often assessed and supported by staff through locked cell doors and health care professionals did not always contribute to ACCT reviews.

**Recommendation: Prisoners in crisis should be supported by an ACCT procedure that is multidisciplinary, thorough, caring and leads to action which addresses the needs of the individual. Leaders should make sure that meaningful supervision and rigorous quality assurance processes embed and sustain progress.** (To the governor)

S7 **Key concern:** Work to promote equality remained weak. Analysis was inadequate which limited the ability to identify potentially disproportionate outcomes for groups of prisoners. There was no systematic consultation with prisoners with protected characteristics. Black and minority ethnic prisoners responded less positively with, for example, only 29% of these prisoners telling us they felt respected by staff but 59% telling us they had felt bullied or victimised by staff. Prisoners from this group said they felt targeted by staff because of their ethnicity. The responses to discrimination incident report forms did not address complaints of discrimination adequately.

**Recommendation: The promotion of equality should be given sufficient priority and improved. Outcomes for prisoners from protected groups should see measurable improvements.** (To the governor)

S8 **Key concern:** The secondary health care screening covered a range of key health indicators and was undertaken by questionnaire. This process lacked the monitoring and oversight needed to make sure that all patients completed an assessment and that the health needs of patients were identified.

**Recommendation: The Partnership Board should review secondary health care screening procedures to make sure that the health care needs of all patients are identified and that assessments are completed**. (To the governor)

S9 **Key concern:** The administration of medication at the cell door was observed to include 'potting up', a practice that is proscribed because it is unsafe and deviates from the required standard.

**Recommendation: The Partnership Board should review the practice of administering medication at cell doors to make sure that it is undertaken in the safest possible way and meets professional and good practice standards.** (To the governor)

# Education, skills and work (Ofsted)

S10 During this visit Ofsted inspectors conducted an interim assessment of the provision of education, skills and work in the establishment. They identified steps that the prison needed to take to meet the needs of prisoners, including those with special educational needs and disabilities.

## Next steps

S11 Leaders and managers should make sure that all prisoners have access to the essential resources they need to complete their in-cell education packs and that communication between prisoners and teachers is timely and supportive for all prisoners.

S12 Managers should swiftly implement plans to improve the skills of the newly recruited instructors to make sure that they are equipped to help prisoners develop their vocational skills.

S13 Leaders and managers should broaden the education, skills and work curriculum to meet the needs of a wider range of prisoners, providing them with the skills, knowledge and behaviour they need to progress to their next steps.

S14 Leaders and managers should ensure rigorous oversight of all aspects of education, work and skills in order to monitor and sustain improvements in the quality of the provision.

## Notable positive practice

S15 We define notable positive practice as innovative practice 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.

S16 Inspectors found two examples of notable positive practice during this visit.

S17 **The new post of custodial discharge coordinator had been implemented by the mental health provider during the pandemic and had identified and provided support to the most vulnerable patients. This entailed regular contact for six weeks which could be continued subject to review. In addition, the service made sure that all patients were prepared for release into the community and had appropriate information for their continuing treatment and care**. (See paragraph 3.33)

S18 **The check-in and departure lounge scheme was well embedded and provided practical support including clothes, charging mobile phones and standing outside the prison to give travel directions which was thoughtful. The second departure lounge in the visitors' centre replicated this level of support for prisoners' friends and relatives who had somewhere safe to wait for the prisoner to be released.** (See paragraph 5.20)

# Section 1. Leadership and management

In this section, we report mainly on whether leaders and managers are responding effectively to the challenges of the pandemic, the proportionality of restrictions on activity and movement, whether recovery plans are in place and understood by staff and prisoners, the support provided to prisoners and staff, and the effectiveness of cohorting arrangements.

**1.1** The prison had experienced a significant outbreak of COVID-19 in February 2021. More than 100 prisoners and 70 staff had had to isolate. During this period of acute staff shortage, all aspects of daily life were curtailed apart from the delivery of food and medicines by managers. HM Prison and Probation Service (HMPPS) had provided staff from other establishments to support Exeter, which had helped. At the time of our visit the prison remained an outbreak site, but time out of cell had begun to improve as staff returned to duty with most prisoners now receiving 90 minutes out of cell from Monday to Thursday.

**1.2** Oversight and liaison between prison leaders, NHS England, Public Health England and health care had been good throughout the pandemic. Outbreak control plans were in place and, during the recent outbreak, oversight of the COVID-19 risk had been managed through regular outbreak control meetings with partners.

**1.3** Leaders and managers had implemented measures to prevent the spread of COVID-19, including additional cleaning of high touch areas and 'cohorting' - isolating new arrivals, symptomatic prisoners and those from the main population who were clinically vulnerable to the virus. The cohorting arrangements for clinically vulnerable prisoners were reasonable, but management of the other two groups was not adequate. We observed new arrivals, who should have been separated from the main population, socialising in the cells of other prisoners who were not cohorting. This undermined attempts to reduce transmission of the virus. In addition, arrangements for symptomatic prisoners were not decent. They were not offered a shower or time out of their cell for at least 10 days after arrival, neither did they have books or activity packs in their cells to mitigate the isolation. These prisoners also told us that it was even difficult to receive clean clothes and to have rubbish removed from their cells.

**1.4** The COVID-19 vaccination programme was progressing well and vaccinations were offered to prisoners in line with priority groups in the community.

**1.5** Since our previous inspection there had been significant changes among the leadership team, including the governor and deputy governor. About one in three officers had been appointed during the previous year. This inconsistency had delayed progress in key areas before and during the pandemic. The governor's vision for the establishment included effective leadership and an improvement in the culture and confidence of managers and staff.

**1.6** Outcomes needed to be improved. Prisoners had poor perceptions of their relationships with staff. Residential managers needed to actively make sure that routines were adhered to, that prisoners had basic equipment and that reasonable requests were responded to promptly. There were deficiencies in the care of prisoners who were at risk of self-harm or suicide, including an over-reliance on communication through locked doors. Work to promote equality was weak.

# Section 2. Safety

In this section, we report mainly on arrival and early days; managing prisoner behaviour; and support for the most vulnerable prisoners, including those at risk of self-harm.

## Arrival and early days

**2.1** Exeter received between five and 10 prisoners a day from Monday to Saturday, principally from courts in the south-west of England.

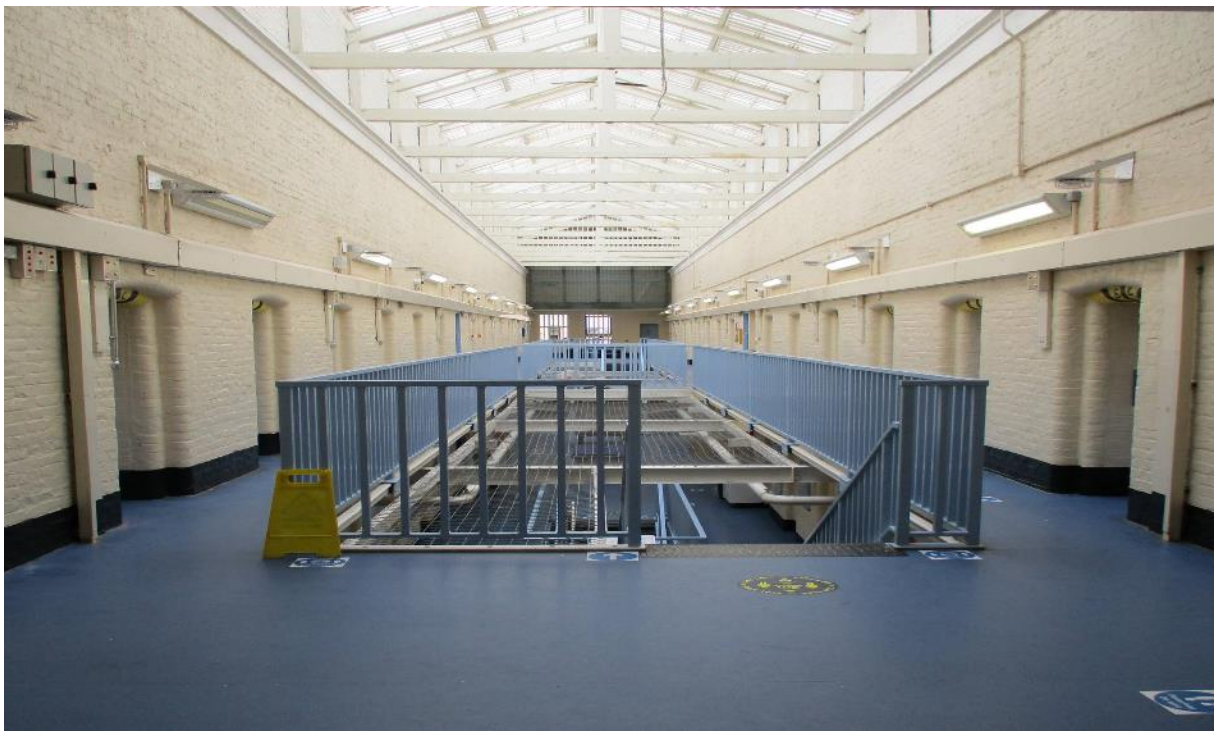
**2.2** The reception area was clean and tidy. Precautions had been put in place to prevent the spread of COVID-19 such as a one-way system, social distancing (see Glossary of terms), temperature testing and face masks for all prisoners. Fixed screens had been added in areas where prisoners were interviewed, allowing staff to see prisoners' faces while reducing tension for those who were new to custody.

**2.3** New arrivals were offered hot food and a drink on arrival and were able to shower. They were given two pounds in phone credit and access to the telephone to contact their family and friends. If a prisoner's offence prevented them from using the phone, Choices (a family support provider) did this for them. Prisoner peer mentors were available to give support and a Listener (prisoner trained by the Samaritans to provide emotional support for fellow prisoners) was available throughout the arrivals process.

**2.4** Staff were knowledgeable and friendly and conducted a good first night safety screen and a cell-sharing risk assessment (see Glossary of terms) for all new arrivals. Health care staff completed a safety screen and administered a COVID-19 test in a private office out of sight and hearing of other prisoners.

**2.5** First night procedures on the reverse cohort units (RCUs, see Glossary of terms) were good. The officer in charge of the prison received all first night assessments and briefed night staff across the prison about any concerns. Night staff introduced themselves to the prisoners they were responsible for and explained their role.

**2.6** There were two RCUs on C4 and B4 landings. C4 was the main RCU and B4 was used as an overspill and for prisoners remanded or convicted of an offence of a sexual nature. Most prisoners were held in double cells. Prisoners remained there for 14 days and a second COVID-19 test was taken after five days. Prisoners were cohorted in two groups which should not have mixed. However, we observed prisoners from the RCU mixing in the cells of prisoners on the rest of the wing who were not subject to the cohorting arrangements, undermining the purpose of the unit and increasing risk.



B wing top landing

**2.7** Prisoners on the RCUs received 45 minutes of exercise and 45 minutes to socialise and shower on most days, but less on Fridays and at the weekend. This was the same as prisoners held elsewhere in Exeter.

**2.8** Induction was delivered in the prisoner's cell, led by an officer. The prisoner was introduced to Exeter and prison life, followed by handouts from education and prison workshops. There was little coordination and neither leaders nor staff knew who had received the components of induction. Nearly all the prisoners we spoke to on the RCUs complained that they were not given basic information about their daily routine, nor how to use essential items such as the kiosk where they could make complaints and applications (see key concern and recommendation S5).

## Managing behaviour

**2.9** Prisoners' perceptions of safety were poor. In our survey, 29% said they felt unsafe at the time of our visit, 24% of prisoners said they had experienced bullying or victimisation from other prisoners and 41% that they had experienced bullying or victimisation from staff.

**2.10** The violence reduction and safer custody meeting had continued throughout the national restrictions. The causes of violence were analysed thoroughly and suitable actions were generated and followed up at subsequent meetings.

**2.11** Violence among prisoners had reduced since the start of the pandemic. The number of assaults had reduced from 54 per 1,000 prisoners before national restrictions to 26 per 1,000 during the pandemic. This decrease had occurred at a time of severe regime restriction when far fewer prisoners were unlocked at any one time. Violence against staff had, however, increased sharply at the start of 2021. Staff and prisoners reported that some of this increase was due to prisoners becoming frustrated at the reintroduction of restrictions at the start of the year.

**2.12** Use of force had increased slightly since the start of the pandemic. Oversight of the use of force was reasonably good. Every incident was viewed the following day by a senior leader and any criticisms, learning or good practice were addressed. Monthly meetings had continued with excellent statistical analysis, but the lack of a full-time use of force coordinator hampered progress.

**2.13** The segregation unit had been refurbished since our last inspection. The landing and cells were clean and had been repainted. The special cell, which was used as a constant watch cell, had been taken out of use. Oversight had also improved: a senior leader now approved every instance of segregation and defensible decision logs were completed with suitable justification for segregating prisoners who were also experiencing a self-harm crisis. There was evidence that health care professionals had not seen the prisoners on the unit on a daily basis which was unsatisfactory.


Segregation landing

**2.14** We observed respectful interactions between prisoners and staff on the segregation unit. The regime consisted of a shower, phone call and 30 minutes outside on the exercise yard. There was a small library and prisoners were issued with a radio, a foam football and were offered distraction packs.

**2.15** The incentives scheme and disciplinary awards following an adjudication had been changed during the COVID-19 restrictions. The basic level of the incentives scheme had ceased in line with national policy. All prisoners who were not segregated were issued with a television which could no longer be removed as a punishment following a proved disciplinary charge. Prisoners could buy a games console and had additional spending money.

**2.16** In our survey, 23% of prisoners said it was easy to get illicit drugs in the prison which, although still a high figure, was much better than at the previous inspection. Senior leaders had had some success in reducing the supply of illicit substances into the prison. Action had been taken to address staff corruption: all prisoners' mail was now photocopied and a body scanner had been introduced.

**2.17** Security intelligence was well managed which enabled the routes used by prisoners for illicit drug supply to be identified and an appropriate response made, including target searching and other disruption tactics. There were good links with Devon and Cornwall Police.

## Support for the most vulnerable, including those at risk of self-harm

**2.18** Levels of self-harm had increased during the pandemic and were very high. There had been six self-inflicted deaths since our last inspection, three of which had occurred during the pandemic. Prisons and Probation Ombudsman investigations and reports had repeatedly highlighted concerns about the management and quality of the ACCT process (assessment,

care in custody and teamwork case management of prisoners at risk of suicide or self-harm) used to support prisoners at risk of self-harm or suicide. We found the quality of many ACCT documents was poor (see key concern and recommendation S6). Most care maps contained basic actions but few of these had been completed.

**2.19** There were also limited opportunities for prisoners at risk of self-harm to have meaningful interaction with staff. Conversations with prisoners on ACCTs took place each day, but most were conducted through locked doors and lacked privacy and depth (see key concern and recommendation S6). We found that a mental health review of a prisoner in crisis had taken place through a locked door. The prisoner was 18 years old and deaf (see key concern and recommendation S3).

**2.20** Case reviews were timely but health care staff were increasingly making verbal or written contributions rather than attending the review, with the potential for decisions to be made on the continuing risk of prisoners in crisis without the most up-to-date information (see key concern and recommendation S6). We also found cases where health care had not submitted any contribution at all. In our survey, only 52% of prisoners who had been on an ACCT said they felt cared for by staff.

**2.21** Most prisoners did not have any meaningful contact with staff. Checks by key workers had stopped at the start of national restrictions until August 2020 when they were reintroduced, but still occurred infrequently. Additional daily wellbeing checks had been put in place in December for prisoners assessed as vulnerable and these had generally taken place. However, we were concerned that the lack of meaningful contact with staff could mean that the gradual deterioration in a prisoner's wellbeing could go unnoticed.

**2.22** The weekly safety intervention meeting had continued throughout the national restrictions. This was a multi-agency meeting at which a wide range of vulnerable prisoners were discussed and action taken to support them. There were good links with the local authority and the deputy governor sat on the Devon and Cornwall strategic management board which met monthly.

**2.23** The Listener scheme had been badly affected by the pandemic. All the prisoners trained as Listeners had been moved to other prisons and the absence of the Samaritans from the prison until November 2020 had prevented the safer custody team from training new Listeners. Direct contact with the Samaritans through the in-cell phone system had been promoted during this time. At the time of our visit, three Listeners had been trained which was not enough. In our survey, only 18% of prisoners said it was easy to speak to a Listener if they wanted to.

**2.24** There was a well supervised designated safer custody telephone line for family and friends to call if they had concerns about a prisoner. Staff in the control room monitored this line and passed messages to the officer in charge of the prison for a quick assessment.

# Section 3. Respect

In this section, we report mainly on staff-prisoner relationships; living conditions; complaints, legal services, prisoner consultation, food and canteen; equality, diversity and faith; and health care.

## Staff-prisoner relationships

**3.1** The relationships between staff and prisoners required improvement. A third of prison officers had less than a year in service. Many prisoners we spoke to lacked confidence in the staff and, in particular, felt that staff were unable to respond to legitimate requests (see key concern and recommendation S3). In our survey, only 61% of prisoners said that staff treated them with respect and 41% said they had experienced bullying or victimisation by staff (see paragraph 2.9).

**3.2** The key worker scheme had not been fully functioning before the pandemic and had deteriorated further during the restrictions. Staff did not have regular, structured or meaningful contact with prisoners. Interactions regularly took place through the cell door which was poor practice.

**3.3** At the time of our visit, only prisoners who were assessed as the most vulnerable, for example those on ACCTs or those isolating, received regular contact with staff. This was reflected in our survey with only 38% of prisoners saying that a member of staff had talked to them in the past week about how they were getting on.

## Living conditions

**3.4** A refurbishment project was in progress which had resulted in the closure of D wing. Eighty per cent of prisoners were living in overcrowded accommodation.

**3.5** The condition of prisoners' cells varied. Many had minor repairs outstanding, for example leaks and broken furniture. Not all cells were adequately equipped and many lacked items of furniture, adequate toilet screening or curtains. Prisoners told us they had difficulty obtaining cell cleaning material and, in our survey, only 19% said they could access clean bedding every week.

Cell on A wing

**3.6** Prison leaders said that standards of cleanliness had declined during the most recent COVID-19 outbreak and this was reflected in our survey. Communal areas were fairly clean and most of them had recently been repainted, including some cells. External areas and exercise yards were stark but clean.

**3.7** Not all prisoners could shower each day and, in our survey, only 28% of prisoners said they could have a shower every day. Prisoners told us they could not shower on Fridays and Sundays and, during the most recent outbreak, this had increased to five days without a shower. Prisoners in isolated conditions could not shower for the whole of their 10-day isolation period.

A wing showers on the 2's

**3.8** In our survey, only 25% of prisoners said they had enough clean clothes for a week. Several factors had contributed to the shortfall, including issues with suppliers, stock control and some prisoners holding more clothes than their entitlement. At the time of our visit, the kit rooms were low on stock. Throughout most of the pandemic, only prisoners on enhanced regime status could wear their own clothes.

## Complaints, legal services, prisoner consultation and food and shop

**3.9** In our survey, 51% of prisoners said the food was good or reasonable. All dietary needs were met and prisoners could pre-order their meals via electronic kiosks. During the recent COVID-19 outbreak, contingency plans had been put in place to serve pre-cooked frozen meals for one mealtime on one day. Prisoners in isolation were given their three meals together which was not appropriate.

**3.10** In our survey, only 38% of prisoners said it was easy to make a complaint. The number of complaints had increased by 50% since the start of the pandemic and was on an upward trend. Most of the responses that we reviewed were polite and focused on the issues raised. A good quality assurance system was in place, however the monthly analysis of complaints presented to managers did not give a full picture of trends or patterns.

**3.11** Prisoners could submit applications via the electronic kiosk. Records demonstrated that applications were dealt with promptly.

**3.12** Formal consultation with prisoners had stopped at the outset of the pandemic, ostensibly because of a lack of space and the need for social distancing. Each wing had a representative, but consultation had only been ad hoc. There was scope to reinstate regular consultation in line with other functions.

**3.13** Legal visits took place all day, which appeared to meet the need.

## Equality, diversity and faith

**3.14** Strategic oversight of equality had started again in June 2020 with the resumption of the equality action plan meeting. The meetings were well attended and it was positive that prisoners attended and made a contribution. Analysis of data at the meeting was limited and only considered some of the protected characteristics. The equality action plan was not sophisticated and was limited to planning for cultural and religious festivals and forums.

**3.15** In our survey, black and minority ethnic prisoners had poor perceptions of life at Exeter. For example, only 29% of black and minority ethnic prisoners said they felt respected by staff against 67% of white prisoners. Prisoners felt targeted by staff because of their ethnicity and said that they experienced unfair treatment with opportunities such as employment and cell moves (see key concern and recommendation S7).

**3.16** Consultations with prisoners about equality took place intermittently and were too wide-ranging, covering all the protected characteristics in one meeting. Several routine residential issues were also raised because of the lack of more general consultation opportunities (see paragraph 3.12).

**3.17** The arrangements for prisoners with disabilities were inconsistent. Prisoners housed on a dedicated social care unit had good access and support, and prisoners on the main prison wings were supported by trained prisoners known as 'buddies'. However, newly arrived prisoners did not have all their needs met while awaiting an assessment and we found examples of prisoners with mobility difficulties located on the fourth-tier landing (see key concern and recommendation S3). Personal evacuation plans for prisoners with mobility conditions were not up to date.

**3.18** The discrimination incident report form (DIRF) procedure had some weaknesses. An average of two forms a month were submitted, but some investigations were not conducted, as the DIRF was not deemed discriminatory but they were still investigated through the complaints process. Some responses were unreasonably delayed. Quality assurance of the system was weak (see key concern and recommendation S7).

**3.19** The chaplaincy had continued to fulfil statutory functions and provide pastoral support throughout the restrictions. Prisoners could use the electronic kiosk to ask to see a chaplain. The chaplaincy distributed worship materials in the absence of collective worship and had delivered more than 5,000 packs in the last six months. Chaplains and prisoners valued the tablet computer issued to the prison, which had been used on 33 occasions since October 2020, for virtual attendance at funerals and contact with terminally ill relatives.

## Health care

**3.20** The pandemic was well managed with effective strategic oversight and liaison between NHS England, Public Health England, HMPPS and the health care providers.

**3.21** Plans to control COVID-19 were in place and oversight of the COVID-19 risks was managed at regular outbreak control meetings. There had been positive cases among the prisoners and staff group. Prisoners presenting with symptoms were managed well and there were clear pathways for patients requiring quarantine and those choosing to shield. Half the prisoners who were eligible for the COVID-19 vaccination had received the first dose.

**3.22** GP services and primary care nursing were delivered by Practice Plus Group. Managers provided clinical leadership for the delivery of services which were being restored in line with the HMPPS pandemic plan. There were nursing vacancies in all disciplines.

**3.23** Patients were assessed on arrival for signs and symptoms of COVID-19. They received health screening in reception while those who were moved directly into isolation or the segregation unit were assessed within 24 hours. A secondary health screen questionnaire was sent to the patient for completion and return, but this process was not well managed and could potentially miss specific health needs (see key concern and recommendation S8).

**3.24** New patients had a COVID-19 risk assessment by the GP and were offered COVID-19 tests at day zero and day five. Patients who tested positive were placed in isolation and assessed by a nurse.

**3.25** At the start of the pandemic, GPs identified patients who met the shielding criteria (see Glossary of terms). Patients were contacted and advised to shield on F wing. Patients who did not wish to shield were advised of the risk of COVID-19 and strategies to reduce the risk of infection.

**3.26** All applications were triaged by the GP and further information was obtained from the patient by telephone or a face-to-face appointment. GP clinics operated six days a week.

**3.27** Nurse-led clinics included wound care, sexual health, immunisation and NHS annual health checks for patients with long-term conditions. Individual care plans were in place for patients in primary care and for those with mental health and substance misuse conditions.

**3.28** The specialist clinic for patients with liver disease had restarted in May 2020. X-ray and ultrasound clinics were held monthly and had a waiting list of fewer than 10 patients. The optician, physiotherapist and podiatrist services had restarted in autumn 2020. At the time of our visit, the providers had waiting lists of between seven and 17 weeks.

**3.29** The dental provider, Time for Teeth, had resumed clinics and 61 patients were awaiting a routine appointment. The longest wait was 10 weeks. Under prevailing guidelines, it was not possible to administer aerosol generating procedures (AGPs), which limited the range of treatments. Twenty-two patients were on the waiting list for an AGP and the longest wait was 39 weeks. The initial level four lockdown and restrictions on services had exacerbated waiting lists.

**3.30** Emergency care had continued from the start of the pandemic. Urgent and routine hospital referrals had continued. Telephone consultations for prisoners with the hospital had proved successful.

**3.31** Patients on opiate substitution were seen by the GP for first night prescribing. Seventy-eight patients were receiving opiate substitution medication at the time of our visit. GPs and non-medical prescribing health care professionals were responsible for clinical reviews.

**3.32** The range of substance misuse psychosocial services had reduced while all groups were suspended. All new arrivals were offered the service while on the reverse cohort unit (RCU, see Glossary of terms). Assessments, care plans and face-to-face structured interventions were arranged and in-cell workbooks and harm minimisation information were available.

**3.33** In our survey, 68% of the respondents said that they had mental health problems. Mental health services were delivered by Devon Partnership NHS Trust and were effectively led. During the pandemic, an early days project had been implemented to support vulnerable patients, including those under 25, those experiencing their first prison sentence or with a history of self-harm. Specialist practitioners in autism, ADHD (attention deficit hyperactivity disorder) and learning disabilities were available.

**3.34** The consultant psychiatrist had oversight of patients with severe and enduring mental health problems and did not have a waiting list.

**3.35** Social care referrals were made to Devon County Council. Assessments on site had been suspended at the start of the pandemic and had not resumed. There had been no interruption to the delivery of social care and all patients had a comprehensive care plan.

**3.36** The provision of medicines was managed well by the pharmacy and medicines management team. During the first phase of the pandemic, medicines had been delivered to the cell door in the segregation and shielding units, but most medicine administration had now returned to collection at hatches on the wings. We observed patients in isolation receiving medication at the cell door which did not meet the standards of safe practice (see key concern and recommendation S9).

**3.37** The new post of discharge co-ordinator had been implemented during the pandemic. This role included ensuring that patients had all necessary information before release and were given medication to take home and naloxone if required. More robust community arrangements were made where necessary for those with mental health and substance misuse needs.

# Section 4. Purposeful activity

In this section we report mainly on time out of cell; access to the open air; provision of activities; participation in education; and access to library resources and physical exercise. Ofsted inspectors joined us on this visit to provide an assessment of the provision of education, skills and work in the establishment. They focused on:

- What actions are leaders taking to provide an appropriate curriculum that responds to the reasonable needs of prisoners and stakeholders and adapts to changed circumstances?
- What steps are leaders, managers and staff taking to make sure the approaches used for building knowledge and skills are appropriate to meet the reasonable needs of prisoners?

A summary of their key findings is included in this section. Ofsted's interim visit letter is published in full on our website: https://www.justiceinspectorates.gov.uk/hmiprisons/inspections/

**4.1** Most prisoners had limited time out of cell. On most weekdays they could have up to 45 minutes outside in the fresh air and 45 minutes for showers, domestic activities and interaction with staff and other prisoners. This was supplemented by brief periods unlocked to collect food and medication. They had less time unlocked on Fridays and at weekends and could only shower on one of those three days and have time outside twice. Prisoners on the RCU had the same regime, but prisoners who were isolating for COVID-19 reasons had no time out of their cells during their isolation, which was poor.

**4.2** Many prisoners described being bored during the extended periods they spent in their cells and frustrated at not being able to get concerns resolved while locked up.

**4.3** Gym facilities had reopened in a COVID-19 safe way in October 2020 and closed again in January 2021 to reflect community restrictions. During the pandemic, PE staff had delivered outdoor exercise sessions and had developed in-cell work-out packs for prisoners.

**4.4** Senior prison leaders and managers had maintained prisoners' access to a limited education curriculum since March 2020. The vocational skills and work provision had been much reduced to areas of work regarded as essential, for example cleaning and putting together breakfast packs or personal protective equipment (PPE, see Glossary of terms). The education courses being offered were not accredited. Leaders and managers recognised that there was much work to do to rebuild education, skills and work to a level that fully met the needs of all prisoners.

**4.5** Managers and staff had adapted the curriculum so that prisoners completed in-cell education through paper-based work packs. At the start of the pandemic prisoners could access distraction packs which included activities such as quizzes and crosswords. Education packs followed shortly after which enabled prisoners to complete elements of the curriculum in cell. Since March 2020, 1,741 education packs had been completed by 547 prisoners. Prisoners could apply for education packs in a small range of subjects. The curriculum predominantly consisted of English and mathematics, but also included courses in, for example, mentoring, customer service, IT, creative crafts and basic construction. A small number of prisoners took part in distance learning courses such as those available through the Open University.

**4.6** The provision of industries and work had been greatly hindered by the pandemic. Working parties continued for in-house repairs, recycling and waste management, catering and packaging, but the number of prisoners involved was very small. More prisoners were

engaged in wing work such as cleaning, laundry and servery work. At the time of our visit, 99 prisoners were engaged in full-time work activity.

**4.7** Teachers supported learners at lunchtimes when they were allowed on the wing to interact, but this took place through closed cell doors. They gave learners written feedback on their work packs or by in-cell telephones where appropriate. Prisoners we spoke to said they enjoyed completing the education packs and described the new skills that they had developed. Most praised the support they had received from teachers, but some told us that access to education staff and resources was difficult and communication could be frustrating.

**4.8** Information, advice and guidance services had been on site since January 2021. They supported learners to develop their CVs and signposted them to suitable employment opportunities or support for their next steps. They supported prisoners through cell doors at lunchtimes and were an integral part of the induction process for all new receptions. Since January, 80 new self-assessment skills action plans had been completed.

# Section 5. Rehabilitation and release planning

In this section, we report mainly on contact with children and families; sentence progression and risk management; and release planning.

## Contact with children and families

**5.1** In our survey, 89% of prisoners said they could use the phone every day if they had credit. Most cells had in-cell telephones and prisoners we spoke to said it was helpful for staying in contact. In a few exceptional cases involving public protection matters, phone access was restricted, but this was closely monitored, well documented and applied proportionately.

**5.2** Face-to-face social visits had not taken place since December 2020. When they had previously operated, they were not popular because of the pandemic restrictions and the uptake of social visits had been low. The visits hall remained bleak, but a new visits hall was scheduled for completion in June 2021.

**5.3** In July 2020 HMPPS had introduced a video calling system (Purple Visits, see Glossary of terms) at the prison for prisoners to keep in touch with friends and family in the absence of social visits. The use of Purple Visits had increased in the last two months, but uptake overall had been very low and only 31% of the provision had been used in the previous six months.

**5.4** Raising awareness of video calling and encouraging prisoners to use it had not been prioritised by leaders and managers from the outset. The location of one of the four booths was inaccessible to most prisoners. We raised this with prison managers who agreed that this was inequitable.

**5.5** HMPPS had provided mobile phones and tablets to support contact for prisoners. The mobile phones had not been deployed, but the tablets had been used 35 times to support prisoners during difficult periods such as bereavement. This was very encouraging.

**5.6** Storybook Dads (prisoners recording stories to send to their children) was positive and had been working in the prison since September 2020. Over 80 prisoners and their families had used the project since it began. The facility had been thoughtfully arranged to provide a fitting environment for prisoners to read the stories.

## Sentence progression and risk management

**5.7** Despite severe staffing challenges, prison leaders had not redeployed prison offender managers (POMs). This enabled them to continue sentence planning work.

**5.8** Offender managers held reasonable caseloads and were familiar with the details of their cases. They had received training, support and supervision which they found helpful. Good links with community probation teams had been developed and there were robust systems for escalating concerns.

**5.9** The records kept by POMs of contact with prisoners were variable. While some face-to-face work between offender managers and prisoners continued, most contacts took place through the cell door, written correspondence or the electronic kiosks. Prisoners said they

found this frustrating and lacking in privacy. In our survey, 56% of prisoners knew what their custody plan targets were and 27% said that staff were helping them to achieve their targets.

**5.10** The backlog of incomplete OASys (offender assessment system) was very small and focus on OASys had been sustained throughout the pandemic. However, these assessments were conducted through a questionnaire completed by the prisoner which was unsatisfactory.

**5.11** About 18 prisoners a week were transferred out of Exeter and most category B and C prisoners were transferred swiftly. In contrast, there were long delays in moving category D prisoners and those serving life sentences. At the time of our visit, there were 30 category D prisoners, some of whom had been awaiting a progressive transfer since July 2020 which was too long.

**5.12** Recategorisation reviews were up to date and had continued to involve the prisoner to make their own representation throughout the pandemic, which was positive. Prisoners we spoke to were aware of their category and the date of their next recategorisation review.

**5.13** During the previous six months, 55 prisoners had been released on home detention curfew (HDC). Management of HDC procedures was effective and timely and most prisoners had been released on time. Refusals for HDC reflected national guidance and we saw evidence of outcomes and the reasons for them being communicated to prisoners.

**5.14** Telephone and mail monitoring for public protection purposes was robust. The number of prisoners being monitored was reasonable and all monitoring was up to date. Reviews took place each week and all staff involved worked from a central list which was useful.

**5.15** The monthly interdepartmental risk management team meetings had continued throughout the pandemic, which was creditable. All high-risk cases were reviewed and discussed and meetings were successfully conducted electronically at the height of the outbreak. Minutes indicated that a multidisciplinary team progressed actions promptly and escalated risks without delay when necessary.

**5.16** The senior probation officer and the team of probation offender managers had worked on site throughout the pandemic. This meant they could continue to manage risk, prepare reports for parole and plan for release. Mutual support among staff with a probation or prison background was impressive.

**5.17** Offender management leaders had actively supported all young adults by allocating POMs including to those who were on remand. POMs we spoke to knew about the maturity screening tool and the nationally available choices and changes workbook for those identified as having maturity related needs, which was encouraging.

## Release planning

**5.18** About 70 prisoners were released from Exeter each month. Resettlement services were delivered by Catch 22 who had remained on site during the pandemic, but had not worked with prisoners face to face. They conducted their planning through cell doors or by telephone and, although this was not ideal, prisoners told us that they knew of the service and felt supported.

**5.19** Release planning had generally started 12 weeks before release and all MAPPA levels (multi-agency public protection arrangements) had been confirmed on time.

**5.20** At our previous inspection, we had observed the initial implementation of the 'check in and departure lounges'. This had developed subsequently and it was pleasing to see a well-embedded initiative offering support at the point of release. Practical support included providing clothes, charging mobile phones and standing outside the prison to give travel directions which was thoughtful. The second departure lounge in the visitors' centre replicated this level of support for prisoners' friends and relatives who had somewhere safe to wait for the prisoner to be released.

**5.21** The discharge process in reception was reasonable. At the point of release face masks and unmarked drawstring bags for property were provided as well as helpful, up-to-date advice on COVID-19.

**5.22** There were no accurate records of the number of prisoners released without sustainable accommodation. Prison leaders agreed to introduce measures swiftly to capture, monitor and use the data for resettlement purposes.

# Section 6. Appendices

## Appendix I: Background and methodology

Her Majesty's Inspectorate of Prisons (HMI Prisons) is an independent, statutory organisation which reports on the treatment and conditions of those detained in prisons, young offender institutions, secure training centres, immigration detention facilities, police and court custody and military detention.

All visits 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 21 bodies making up the NPM in the UK.

During a standard, full inspection HMI Prisons reports against Expectations, the independent criteria against which we inspect outcomes for those detained. Inspection teams of up to 12 people are usually in establishments across two weeks, speaking to prisoners and staff, observing prison life and examining a large amount of documentation and evidence. The COVID-19 pandemic means that it is not currently possible to carry out inspections in the same way, both for health and safety reasons and because it would not be reasonable to expect places of detention to facilitate a full inspection, or to be assessed against our full set of *Expectations*, at this time.

HMI Prisons has therefore developed a COVID-19 methodology to enable it to carry out its ongoing, statutory duty to report on treatment and conditions in detention during the current challenging circumstances presented by COVID-19. The methodology has been developed together with health and safety guidance and in line with the principle of 'do no harm'. The methodology consists of three strands: analysis of laws, policies and practice introduced in places of detention in response to COVID-19 and their impact on treatment and conditions; seeking, collating and analysing information about treatment and conditions in places of detention to assess risks and identify potential problems in individual establishments or developing across establishment types; and undertaking scrutiny visits to establishments based on risk.

HMI Prisons first developed a 'short scrutiny visit' (SSV) model in April 2020 which involved two to three inspectors spending a single day in establishments. It was designed to minimise the burdens of inspection at a time of unprecedented operational challenge and focused on a small number of issues which were essential to the safety, care and basic rights of those detained in the current circumstances. For more on our short scrutiny visits, see our website: http://www.justiceinspectorates.gov.uk/hmiprisons/about-hmi-prisons/COVID-19/short-scrutiny-visits/.

As restrictions in the community eased, and establishments became more stable, we expanded the breadth and depth of scrutiny through longer 'scrutiny visits' (SVs) focusing on individual establishments, as detailed here. The SV approach used in this report is designed for a prison system that is on the journey to recovery from the challenges of the COVID-19 pandemic, but recognises that it is not yet the right time to reintroduce full inspections. SVs provide transparency about the recovery from COVID-19 in places of detention and ensure that lessons can be learned quickly.

SVs critically assess the pace at which individual prisons re-establish constructive rehabilitative regimes. They examine the necessity and proportionality of measures taken in response to COVID-19, and the impact they are having on the treatment of and conditions for prisoners during the

recovery phase. SVs look at key areas based on a selection of our existing Expectations, which were chosen following a further human rights scoping exercise and consultation.

Each SV report includes an introduction, which provides an overall narrative judgement about the progress towards recovery. The report includes a small number of key concerns and recommendations, and notable positive practice is reported when found. SV reports include an assessment of progress made against recommendations at a previous SV, but there is no assessment of progress against recommendations made at a previous full inspection. Our main findings are set out under each of our four healthy prison assessments.

Ofsted inspectors joined us on this visit to provide an interim assessment on the education, skills and work provision in the prison. A summary of their findings is included in Section 3 and a list of the next steps they expect the prison to take follows our key concerns and recommendations. Ofsted's interim visit letter is published in full on our website: https://www.justiceinspectorates.gov.uk/hmiprisons/inspections/

SVs are carried out over two weeks but entail only three days on site. For more information about the methodology for our scrutiny visits, including which *Expectations* will be considered, see our website: http://www.justiceinspectorates.gov.uk/hmiprisons/about-hmi-prisons/COVID-19/scrutiny-visits/

## Scrutiny visit team

This scrutiny visit was carried out by:

| | |
|---|---|
| Angus Mulready-Jones | Team leader |
| David Foot | Inspector |
| Angela Johnson | Inspector |
| Esra Sari | Inspector |
| Donna Ward | Inspector |
| Sarah Goodwin | Health care inspector |
| Amilcar Johnson | Researcher |
| Becky Duffield | Researcher |
| Shannon Sahni | Researcher |
| Jed Waghorn | Researcher |
| Judy Lye-Forster | Ofsted inspector |

# Appendix II: Further resources

Some further resources that should be read alongside this report have been published with it on the HMI Prisons website. For this report, these are:

## Prisoner survey methodology and results

A representative survey of prisoners is carried out at the start of the scrutiny visit, the results of which contribute to our evidence base for the visit. A document with information about the methodology, the survey and the results, and comparisons between the results for different groups are published alongside the report on our website.

## Staff survey methodology and results

A survey of staff is carried out at the start of every scrutiny visit, the results of which contribute to the evidence base for the visit. A document with information about the methodology, the survey and the results are published alongside the report on our website.

## Ofsted interim visit report

Ofsted's interim visit letter on how the establishment is meeting the needs of prisoners during COVID-19, including prisoners with special educational needs and disabilities, is published in full alongside the report on our website: https://www.justiceinspectorates.gov.uk/hmiprisons/inspections/

# Appendix III: Glossary of terms

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

**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.

**Cell-sharing risk assessment (CRSA)**
A risk assessment undertaken on all prisoners to assess their suitability for sharing a cell. A prisoner assessed as high risk would not normally share a cell.

**Personal protective equipment (PPE)**
Safety equipment including masks, aprons and gloves, worn by frontline workers during the COVID-19 pandemic.

**Purple Visits**
A secure video calling system commissioned by HM Prison and Probation Service (HMPPS). This system requires users to download an app to their phone or computer. Before a visit can be booked, users must upload valid ID.

**Reverse cohort unit (RCU)**
Unit where newly arrived prisoners are held in quarantine for 14 days.

**Shielding**
Those who have health conditions that make them vulnerable to infection are held for at least 12 weeks in a shielding unit.

Any enquiries regarding this publication should be sent to us at the address below or:
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