Report on an unannounced inspection of

HMP Thameside

by HM Chief Inspector of Prisons

8–9 and 15–19 November 2021

Contents

Introduction

Thameside is a modern category B local prison in south-east London that contained 1,194 prisoners at the time of our inspection. Around 60% of those held were on remand or unsentenced and almost a quarter were category C prisoners who were often at the end of their sentence and preparing for release.

The prison had been too slow to increase the amount of time that prisoners were unlocked, with those in the induction and drugs wing spending little more than half an hour a day out of their cells. Remand prisoners were locked up for up to 23.5 hours a day with very few activities on offer; this was particularly concerning for the 60 prisoners who had been on remand for more than a year. A COVID-19 outbreak that occurred just as the prison was entering stage two of the HMPPS five stage recovery framework meant that restrictions could not be lifted, but since then leaders should have done more to open up the regime and increase what was on offer for prisoners.

Offender management unit (OMU) staff were doing some excellent work in the prison – they proactively contacted prisoners, were a visible presence on the wings and provided good support. This was the best provision I had seen during the last year and, because the prison had outsourced offender management work to Catch 22, staff were not cross deployed to other duties as we so often see in jails. Despite this, the reunification of probation services had badly affected the large remand population, as essential support with housing, benefits and managing debt (that was previously provided by community rehabilitation companies) was removed overnight.

At our last inspection we had been critical of the segregation unit and we were pleased to see that it was now much improved. Usage had fallen and those who were there had a more predictable regime and were encouraged back into the prison by a caring and well-led staff team. Segregated prisoners were supported by a strong psychology team who offered guidance and helped to create support packages. This service provided all segregation unit staff with regular, one-to-one meetings to talk about the challenges with dealing with this complex and often violent group of prisoners. Other prisons would do well to emulate and learn from this practice.

Leaders had focused on improving the use and quality of body-worn cameras to record use of force incidents and it was pleasing to see that the uptake had increased significantly in response. This is an issue that we frequently raise in our inspections and it was good to see it being addressed at Thameside.

Education at the jail had only recently restarted and could accommodate six prisoners per classroom, but in roll-checks during the inspection there were, on average, fewer than three prisoners in each lesson. Lessons were inexplicably long at three hours, and only prisoners who had been allocated their education in the morning were allowed to attend in the afternoon. This meant only a tiny proportion of the population was being taught. Education was rated inadequate by Ofsted. The education provider and prison leaders needed to apply some

real grip and ambition, getting many more prisoners into education and training.

There was some impressive, innovative work to incentivise better behaviour from younger prisoners and rather than separating members of different gangs, the prison was working to improve relationships and keep them living together. The strong and experienced governor, supported by some effective functional heads of department, had a clear set of priorities for the future. Inspectors were impressed to see leaders challenging some poor staff practice and disciplining or dismissing those who had seriously breached the rules. While the governor had been able to put in place some incentives, the prison's biggest, ongoing challenge will remain recruiting and retaining enough high-quality staff so that it can expand the regime and make sure that prisoners, particularly those on remand, are given opportunities for education and training.

Charlie Taylor
HM Chief Inspector of Prisons
January 2022

About HMP Thameside

Task of the prison/establishment
HMP Thameside is a local/reception category B establishment.

Certified normal accommodation and operational capacity (see Glossary of terms)
Prisoners held at the time of inspection: 1,194
Baseline certified normal capacity: 926
In-use certified normal capacity: 926
Operational capacity: 1,232

Population of the prison
- 1,068 new prisoners were received each year, with around 89 per week
- 22% were foreign national prisoners.
- 62% of prisoners were from black and minority ethnic backgrounds.
- An average of 258 prisoners were released into the community each month.
- 292 prisoners were receiving support for substance use.
- An average of seven prisoners were referred for mental health assessment each month.

Prison status (public or private) and key providers
Private (run by Serco)

Physical health provider: Oxleas NHS Foundation Trust
Mental health provider: Oxleas NHS Foundation Trust
Substance misuse treatment providers: Turning Point and Oxleas NHS Foundation Trust
Prison education framework provider: Novus
Community rehabilitation company (CRC): Reunified to Probation Service, previously MTC
Escort contractor: Serco

Prison group/Department
Privately managed prisons

Brief history
HMP Thameside opened on March 2012. In February 2015, an additional house block opened, creating 332 extra spaces.

Short description of residential units
There are seven wings, split across two house blocks, each divided into two units (‘uppers’ and ‘lowers’), with an average unit capacity of 110 prisoners.

House block 1 – A, B, C, D and E wings
House block 2 – H and J wings

The first night centre is on the ‘upper’ unit of A wing, and the drug stabilisation unit on the ‘lower’ unit. A dedicated health care unit has inpatient facilities for 18 prisoners, and the segregation unit has capacity for 18 prisoners.

Name of director and date in post
David Bamford, 6 April 2020

Leadership changes since the last inspection
Craig Thomson – director (21 March 2016 – 5 December 2019)
Trish Mitchell – interim director (2 December 2019 – 27 March 2020)

Prison Group Director
Neil Richards

Independent Monitoring Board chair
Mike Austerberry

Date of last inspection
2–12 May 2017

Section 1 Summary of key findings

1.1 We last inspected HMP Thameside in 2017 and made 57 recommendations, four of which were about areas of key concern. The prison fully accepted 36 of the recommendations and partially (or subject to resources) accepted 17. It rejected four of the recommendations.

1.2 Section 8 contains a full list of recommendations made at the last full inspection and the progress against them.

Progress on key concerns and recommendations from the full inspection

1.3 Our last inspection of HMP Thameside took place before the COVID-19 pandemic and the recommendations in that report focused on areas of concern affecting outcomes for prisoners at the time. Although we recognise that the challenges of keeping prisoners safe during COVID-19 will have changed the focus for many prison leaders, we believe that it is important to follow up on recommendations about areas of key concern, to help leaders to continue to drive improvement.

1.4 At our last full inspection, we made one recommendation about key concerns in the area of safety. At this inspection, we found that this recommendation had not been achieved.

1.5 We made two recommendations about key concerns in the area of respect. At this inspection, we found that one of those recommendations had been partially achieved and one had not been achieved.

1.6 We made one recommendation about key concerns in the area of purposeful activity. At this inspection, we found that this recommendation had not been achieved.

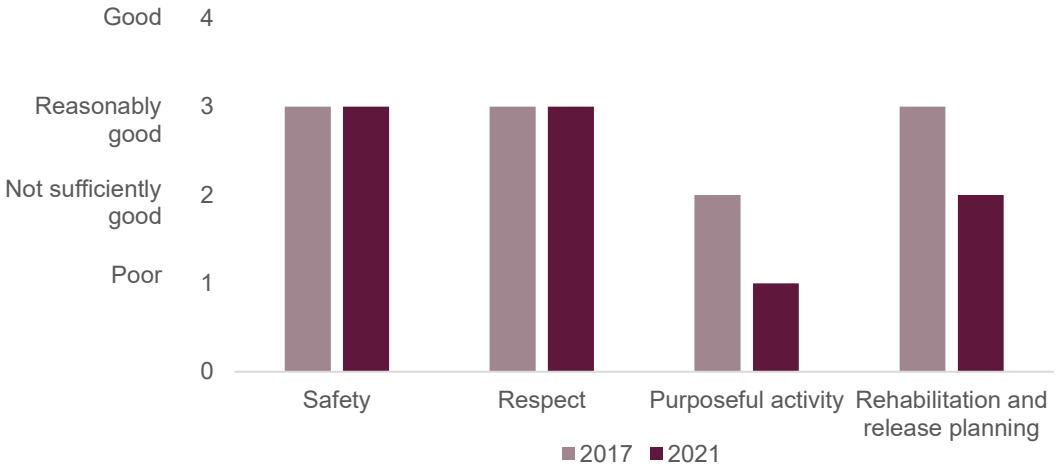
Outcomes for prisoners

1.7 We assess outcomes for prisoners against four healthy prison tests (see Appendix I for more information about the tests). We also include a commentary on leadership in the prison (see Section 2).

1.8 At this inspection of HMP Thameside, we found that outcomes for prisoners had stayed the same in two healthy prison areas and declined in two.

1.9 These judgements seek to make an objective assessment of the outcomes experienced by those detained and have taken into account the prison's recovery from COVID-19 as well as the 'regime stage' at which the prison was operating, as outlined in the HM Prison and Probation (HMPPS) National Framework for prison regimes and services.

Figure 1: HMP Thameside healthy prison outcomes 2017 and 2021



Safety

At the last inspection of HMP Thameside, in 2017, we found that outcomes for prisoners were reasonably good against this healthy prison test.

At this inspection, we found that outcomes for prisoners remained reasonably good against this healthy prison test.

1.10 As a busy local prison with around 400 arrivals per month, prisoners often waited a long time in the unwelcoming reception area. Initial safety interviews were not held in private and risk was not fully assessed.

1.11 Cells in the early days centre were mostly suitably equipped, but the regime was poor, with most new arrivals spending over 23 hours a day locked in their cell, for at least 14 days. Many told us that they had not been able to make a telephone call in their early days at the prison, and not all received a comprehensive induction.

1.12 Around a quarter of prisoners said that they currently felt unsafe, similar to the figure at the time of the last inspection. The number of prisoner-on-prisoner assaults had not increased since then, but assaults on staff had risen steeply.

1.13 The strategy to address violence was developing well, with good work on managing gang conflict, and the early work of the new forensic psychology team was promising. The range of data available had improved, with the grading of incidents of violence.

1.14 In our survey, only 34% of respondents said that the incentives scheme encouraged them to behave well, so the recent introduction of enhanced wings was a good initiative. The adjudication process was well managed.

1.15 There had been a steep rise in the use of force since the last inspection, and some excessive use had resulted in staff dismissals.

The governance of use of force remained poor, but use of body-worn video cameras had improved in recent months.

1.16 The prison had worked hard to reduce the number of prisoners segregated, and those segregated for longer periods now had reintegration plans. The segregation unit was clean, but the regime was poor, although prisoners had access to in-cell telephones and showers.

1.17 Security arrangements were generally proportionate and there had been good work to tackle staff corruption.

1.18 In our survey, just over a quarter of respondents said that it was easy to get illicit drugs in the prison, but the national suspension of mandatory drug testing had left the prison without reliable data on drug use.

1.19 There had been two self-inflicted deaths at the prison and two 'non-natural' deaths since the last inspection. While there had been a slight increase in the number of incidents of self-harm, there had been a downward trend during the previous year, and the number of incidents was much lower than in similar prisons.

1.20 There was a strong strategic focus on reducing self-harm, and a grading scale to review the levels and support prisoners proportionately.

1.21 Leaders were working proactively to make sure that assessment, care in custody and teamwork (ACCT) case management documents for prisoners at risk of suicide or self-harm were opened appropriately, although the quality of the documentation varied. The Listeners scheme (whereby prisoners trained by the Samaritans provide confidential emotional support to fellow prisoners) had now been fully reinstated, following a pause during the height of the pandemic, but take-up was low.

Respect

At the last inspection of HMP Thameside, in 2017, we found that outcomes for prisoners were reasonably good against this healthy prison test.

At this inspection, we found that outcomes for prisoners remained reasonably good against this healthy prison test.

1.22 Although only 65% of respondents to our survey said that staff treated them with respect, and some prisoners told us that staff could be unhelpful, we observed some proactive and supportive interactions. Key work was limited to around a third of planned sessions and was of variable quality.

1.23 Communal and outdoor areas were clean and tidy, and most cells were in good order following improvements in facilities management. All cells

had a shower and toilet, although some had inadequate privacy screening.

1.24 The in-cell telephony and custodial management system (CMS) technology, which was in the process of being upgraded, were appreciated by prisoners. We did however, speak to many whose CMS terminals were not functioning, which restricted their ability to submit applications, select meals and book visits. Only 11% of respondents to our survey said that their cell call bell was usually answered promptly.

1.25 Prisoners could receive parcels containing personal property once a year, but those who had arrived during the pandemic had not been permitted to do so.

1.26 The arrangements for prisoner consultation were well developed, but prisoner representatives told us that meetings often did not result in subsequent action.

1.27 Records showed that most complaints were answered on time, but prisoner confidence in the complaint system was low.

1.28 The new video conferencing centre was a valuable resource, and prisoners appreciated that legal representatives could call them directly in their cells.

1.29 Strategic oversight of equality, consultation with prisoners in protected groups and analysis of data to identify potential disproportionate treatment of these individuals were limited, but responses to discrimination incident report forms were thorough.

1.30 Although a quarter of the population were foreign nationals, Home Office immigration staff were still not providing a full-time service, leaving too many unsupported.

1.31 The chaplaincy was committed and provided a valuable service, but the continued suspension of corporate worship was a source of frustration for many prisoners.

1.32 Health services were well led, with some promising innovations, but we found weaknesses in the management of medicines, and inconsistent supervision of medicines queues by officers, leading to delays in patients receiving their prescribed medication and a risk of bullying and diversion.

1.33 Aspects of partnership working had improved, particularly concerning the management of the three COVID-19 outbreaks the prison had experienced. Uptake of COVID-19 vaccinations was at only about 40%, despite encouragement.

1.34 There was now a confidential health care complaint process, but some of the responses we sampled were poor. In our survey, prisoners were less positive than at similar prisons about access to and the quality of nursing, pharmacy and GP services.

1.35 The management of long-term conditions had improved, although the quality of care plans was variable. Social care provision was good.

1.36 The well-managed inpatient unit, accommodating mostly mentally unwell prisoners, provided a clean and calm environment. Mental health services were delivered by a group of skilled professionals, who provided a responsive service. The number of referrals to mental health facilities under the Mental Health Act had doubled since the start of the pandemic and there were delays in transfers.

1.37 Substance misuse services were reasonably good and the dental team provided a range of services, although some equipment required repair or replacement.

Purposeful activity

At the last inspection of HMP Thameside, in 2017, we found that outcomes for prisoners were not sufficiently good against this healthy prison test.

At this inspection, we found that outcomes for prisoners were now poor against this healthy prison test.

1.38 Although the prison had moved to stage 2 of the recovery plan, far too many prisoners were still locked up for most of the day. Time out of cell for most prisoners on house block (HB) 1 was little more than one and a half hours per day, and even less (around 30 minutes) for recent arrivals and those on the basic level of the incentives scheme. Time unlocked was better for most prisoners on HB2, at around four hours per day.

1.39 Gym provision was good, with up to three activities available at each of four daily sessions, but take-up was low and there were no sessions set aside for working prisoners.

1.40 Access to the relatively small library remained restricted and too few prisoners were able to visit it in person.

1.41 Leaders had not provided sufficient education, skills and work places and had been over-cautious in reopening activities, with places for only 15% of the population at the time of the inspection. Many of the workshops and classrooms were underused and had only one or two prisoners attending during sessions.

1.42 Education through in-cell learning packs had been maintained throughout the pandemic, but this had ceased following the focus on reopening face-to-face lessons in classrooms. As a result, far fewer prisoners were now engaged in education. Sentenced prisoners were given priority for activity spaces and very few of those on remand had access to any education or work.

1.43 Prisoners who applied for courses and work were given insufficient guidance on how their choices would support their resettlement needs and career aspirations.

1.44 Too few prisoners attended their allocated activities, and leaders' actions to improve attendance had been slow. As a result, education places were not fully used, compounding the problems caused by the reduced capacity.

1.45 New courses in construction and forklift truck skills had not yet started, as a result of delays in commissioning them, and the reintroduction of accredited qualifications had also been too slow.

1.46 Tutors used a range of suitable techniques in their teaching and, as a result, the few prisoners who attended classes understood quickly the new topics being taught. They also created a calm atmosphere, where prisoners could work and learn effectively.

Rehabilitation and release planning

At the last inspection of HMP Thameside, in 2017, we found that outcomes for prisoners were reasonably good against this healthy prison test.

At this inspection, we found that outcomes for prisoners were now not sufficiently good against this healthy prison test.

1.47 Face-to-face social visits had resumed in April and all prisoners, irrespective of their sentencing status, could have only two one-hour visits per month. Some restrictions were unreasonable, such as physical contact being permitted on a morning visit if families produced a negative COVID-19 test result, but no contact at all allowed on an afternoon visit.

1.48 The 'email a prisoner' scheme and secure video calls were fairly well used. Support for prisoners and families to develop and maintain relationships was limited, but there were some good examples of creative and innovative approaches.

1.49 Oversight of reducing reoffending work had been maintained throughout the pandemic and was reasonably good. There was a recent needs analysis, a strategy and an action plan to drive forward improvements.

1.50 The establishment held a diverse population, with a very large turnover. Over three-quarters had been at the prison for less than six months and around a quarter were serving short sentences. Almost two-thirds of prisoners were on remand or unsentenced and some had been in the prison for over 18 months.

1.51 The offender management unit was well resourced and the team worked cohesively to deliver the core functions of the department. Prisoners received more face-to-face support from their prison offender

manager than we had seen recently in other prisons and in-cell workbooks were well used. The psychology department provided some case management support to probation offender managers and had developed a bespoke intervention for young adults.

1.52 More than a third of the sentenced population had been assessed as presenting a high risk of harm, but not all high-risk prisoners were managed by probation offender managers. Prisoners who were eligible had an offender assessment system (OASys) assessment and those we spoke to knew about their sentence plan.

1.53 The prison managed home detention curfew processes reasonably well, although almost a third of prisoners were released late, often for reasons outside the control of the prison.

1.54 Public protection arrangements were generally robust, and the inter-departmental risk management meeting was effective at managing high-risk prisoners before release.

1.55 Due to changes in the delivery of resettlement services, the remand population no longer received support with housing or issues relating to finance, benefit and debt. Too many prisoners were released without a suitable or sustainable address to go to and there was little basic practical support available on the day of release.

Key concerns and recommendations

1.56 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.

1.57 During this inspection we identified some areas of key concern and have made a small number of recommendations for the prison to address those concerns.

1.58 Key concern: We found many areas of weakness in the early days arrangements. The unwelcoming reception area was bare, grubby and austere. Holding rooms contained graffiti and there was nothing to occupy prisoners while they waited – often for a long time. The quality of initial safety interviews, which were not held in private, was poor and we were not confident that individuals' risks had been assessed sufficiently. Not all prisoners received additional checks during their first night, and their regime was poor, with most spending over 23 hours a day locked in their cell, for at least 14 days, which was excessive. Many told us that they had not been able to make a telephone call in their early days at the prison and not all new arrivals received a comprehensive induction.

Recommendation: All aspects of prisoners' arrival at the establishment should be safe and decent, and include a thorough, private assessment of their needs and access to a comprehensive induction.
(To the director)

1.59 Key concern: Governance of use of force remained poor. Some reports lacked detail and sufficient justification. Use of force instructors told us that they no longer had sufficient time to scrutinise video footage of incidents. They could not produce data on the number of cases they had reviewed, but we were told that in recent months this had been very low. An administrator looked at footage for a small number of incidents, but she was not trained for the role. We were told that she would refer any concerning incidents to managers, but there was no record of any referral being made.

Recommendation: There should be routine, documented scrutiny of video footage of use of force incidents by suitably qualified staff, with effective management oversight.
(To the director)

1.60 Key concern: There had been an increase in the number of mentally ill prisoners being sent to the establishment since the beginning of the pandemic. The number of referrals to mental health facilities under the Mental Health Act had doubled during this time, and, despite escalation and good work by the Mental Health Act coordinator, too many transfers exceeded the 28-day guidelines. During the previous six months, 36 patients had been referred, with 14 being transferred within the timeframe and 20 waiting long periods, with the longest wait being 113 days, which was unacceptable.

Recommendation: The local delivery board, in conjunction with NHS England and Improvement, should make sure that patients requiring transfer to hospital are transferred within the national guideline of 28 days.
(To HMPPS and the director)

1.61 Key concern: We found weaknesses in the management of medicines, leading to delays in prisoners receiving their prescribed medication. This included patients experiencing gaps with repeat prescriptions and delays in receiving their in-possession medication. Several medicine cabinets were disorganised, with medicines for some patients being stored in two locations. There were delays in medication queries being raised with the pharmacy, contributing to patients being left without medication. Some risk assessments for in-possession medicines had not been updated when circumstances changed. The inconsistent management of the medicine queues by officers led to protracted medicine administration times and also posed a risk for bullying and diversion.

Recommendation: The local delivery board should make sure that robust procedures are in place, so that patients receive their medication in a timely and safe manner, including good supervision by officers.
(To the director)

1.62 Key concern: Although the prison had moved to stage 2 of the recovery plan, the amount of time unlocked for too many prisoners remained poor, at between 30 and 90 minutes per day. Time in the open air was also limited for too many.

Recommendation A: Leaders should increase time unlocked as a matter of urgency.
(To the director)

Recommendation B: Leaders should provide an hour's access to the open air.
(To the director)

1.63 Key concern: Leaders and managers had been too slow to reopen much of the work and vocational training for prisoners, leaving too many of them with nothing purposeful to do to fill their time.

Recommendation: Leaders and managers should ensure that there are sufficient education, skills and work opportunities available to all prisoners.
(To the director)

1.64 Key concern: A large proportion of the population (62%) was on remand or unsentenced – a substantial increase since the previous inspection. Due to changes in the delivery of resettlement services following unification of probation services, the remand population no longer received support with housing or issues relating to finance, benefit and debt. This left them without support to secure tenancies or deal with rent arrears. Many prisoners we spoke to reported feeling anxious and concerned about their accommodation after release.

Recommendation: Leaders should make sure that there is effective housing support for all prisoners, including those on remand.
(To HMPPS and the director)

Notable positive practice

1.65 We define notable positive practice as innovative work or practice that leads to particularly good outcomes from which other establishments may be able to learn. Inspectors look for evidence of good outcomes for prisoners; original, creative or particularly effective approaches to problem-solving or achieving the desired goal; and how other establishments could learn from or replicate the practice.

1.66 Inspectors found three examples of notable positive practice during this inspection.

1.67 The prison had funded a small team of forensic psychologists to support various aspects of its work, including an eight-week programme based in the social responsibility unit for prisoners with behavioural problems. 'One-page plans' were drawn up with individuals, to help them, and wing staff, understand their behaviour, including triggers of violence. The team provided excellent support to staff in the segregation unit and to other interventions, such as the equine project with younger prisoners. (See paragraphs 3.13, 3.34, 4.41 and 6.28).

1.68 Several health care services had been introduced, including getting the X-ray facility fully functional and additional visiting services such as the orthopaedic clinic, which were positive initiatives. A small dialysis unit and an in-house fracture clinic, to reduce the number of external hospital attendances and need for prison escorts, were also planned. (See paragraph 4.73)

1.69 In-cell workbooks, focusing on topics such as goal setting, identity and managing emotions, had been well used, with an excellent return rate; since December 2020, a total of 619 in-cell packs had been issued to prisoners and 601 had been returned. Catch-22 prison offender managers also provided some prisoners with face-to-face feedback on their work, to explore issues further and acknowledge progress. Prisoners we spoke to described these workbooks as 'thought provoking' and 'a useful pastime', especially when there was a lack of time out of cell. (See paragraph 6.26)

Section 2 Leadership

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

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 Three COVID-19 outbreaks had been managed effectively, allowing for swifter progress through the stages of the Her Majesty's Prison and Probation Service (HMPPS) recovery plan (see Glossary of terms) than at some similar prisons. A recent outbreak two days after reaching stage 2 had contributed to a delay in the easing of restrictions, but the current pace of recovery remained too slow.

2.3 There had been strong leadership by the director since taking up post at the start of the pandemic. He had set a clear vision for the prison, a realistic strategy and a timetable for delivery, with quantified targets for improvements in outcomes for prisoners. These plans included an improved safety custody policy, a new approach to managing gangs and a reorganisation of the accommodation better to meet the needs of the population. A new incentives policy, supported by improvements in in-cell technology, had also been designed.

2.4 The director had taken a robust stance against staff wrongdoing, with the suspension and dismissal of a number of staff for reasons that included inappropriate use of force and corruption.

2.5 Prison leaders had responded to a high rate of staff attrition and recruitment difficulties by offering bonuses to improve retention, and overtime incentive schemes. However, staffing shortfalls remained a considerable challenge.

2.6 Action taken by prison leaders had led to recent improvements in facilities management. There was some overdue investment to replace items and upgrade systems. A rolling programme of cell painting and deep cleaning by prisoners was also under way.

2.7 There were good examples of functional leadership in some key areas, including the management of the segregation and health care units, and some innovative work by the forensic psychology team, which had developed a social responsibility unit for managing challenging behaviour and a bespoke intervention for younger adults.

2.8 Prison leaders were yet to put in place plans to meet the needs of the increased remand population, so these prisoners had a very limited

regime, with little access to education, work, the library and social visits.

2.9 When it was functioning, there was good use of in-cell technology by prison leaders to communicate and provide information directly to prisoners.

2.10 Partnership working with the education provider (Novus) was complicated by contractual arrangements which limited the ability of prison leaders to drive improvements.

2.11 There were layers of assurance provided by the HMPPS controller's team, but it was unclear how effectively these arrangements were improving outcomes for prisoners.

2.12 The prison collected a wide range of data, but these were not always used in a focused way to guide improvements. Leaders had introduced a grading scale for acts of violence and levels of self-harm to support prisoners proportionately, which was positive.

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 Thameside remained a busy local prison, with around 400 new arrivals a month. For many of these new arrivals, it was their first time in custody, which meant that comprehensive risk assessments and support during the early days was vital.

3.2 However, we found many areas of weakness. Many prisoners did not arrive until late in the evening, which meant that they had little time to settle in before being locked in a cell for the night. The reception area was unwelcoming; it was bare, grubby and austere. Holding rooms contained graffiti and had no written information or television to occupy prisoners while they waited. This was compounded by some very long waiting times; in our survey, most prisoners reported spending longer than two hours in reception and we saw some spending more than four. Searching procedures were adequate and good use was made of the body scanner, but this was in addition to strip-searching (see also paragraph 3.39, and key concern and recommendation 1.58).

3.3 The quality of initial safety interviews undertaken on arrival was poor and we were not confident that individuals' risks had been assessed sufficiently. They were not held in private and those we observed were rushed, often interrupted and did not explore vulnerabilities thoroughly (see key concern and recommendation 1.58).

3.4 New arrivals were located in the early days centre (EDC) (A wing 'uppers') or, if they were detoxifying from drugs or alcohol, the drug stabilisation unit (A wing 'lowers'). On arrival in the EDC, prisoners had a brief secondary interview before being locked up. Not all of them received additional checks during their first night. Their regime was poor, with most spending over 23 hours a day locked in their cell; this continued for at least 14 days, which was excessive (see key concern and recommendation 1.58).

3.5 Some of the cells on the EDC were dirty. Although most were suitably equipped, many did not have a privacy curtain to screen the toilet or shower. The atmosphere on the unit was tense, and this was underpinned by a wide range of frustrations faced by prisoners. For example, in most cells the custodial management system (CMS; see paragraph 4.9) technology was not working, which meant that prisoners

had to wait to be unlocked and escorted to use the kiosks on the landing, causing delays for them. Many told us that they had not been able to make a telephone call in their early days at the prison, and in our survey 50% of respondents said that they had had problems with getting numbers put onto their telephone account on their arrival (see key concern and recommendation 1.58).

3.6 Not all new arrivals received a comprehensive induction. All prisoners on the EDC received an induction from a dedicated team of orderlies. This involved a slide show and answers to prisoners' numerous questions. The new arrivals were then visited by a variety of agencies, and, positively, the wing manager met them all. However, for prisoners located on the drug stabilisation unit there was no such induction, and the prison relied on wing workers to provide an informal induction and show them how to use the CMS (see key concern and recommendation 1.58).

Managing behaviour

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

Encouraging positive behaviour

3.7 Despite the challenges faced by the prison, it had a reasonably calm atmosphere and was well ordered. In our survey, 26% of respondents said that they currently felt unsafe, in line with the figure at comparator prisons and at the last inspection. There had been 362 prisoner-on-prisoner assaults in the last 12 months, which was similar to the number at the time of the last inspection. There had been a steep rise in assaults on staff, with 214 in the last 12 months, compared with 144 previously.

3.8 The strategy to address violence was developing well. A new process for the grading of violence allowed a more sophisticated analysis of incidents than we usually see. In the last six months, 33% of incidents had been relatively minor, involving pushing or shoving; 24% had involved fights and assaults resulting in no injury; and 43% had involved weapons or resulted in injury, of which 6% had resulted in hospital treatment.

3.9 The safer prisons team investigated incidents of violence promptly. Investigations appeared to be thorough, but were not sufficiently well documented. Victims of violence were offered support plans, but seldom accepted.

3.10 Perpetrators of more serious violence were placed on a challenge, support and intervention plan (CSIP; see glossary of terms), and 64 prisoners had been managed under this process in the last six months. There was poor completion of the documents we looked at. Most did

not set out a management plan; where they did, this was not tailored to individual need. Plans were designed to be supported by wing monitoring logs and multidisciplinary case reviews. However, these logs were poorly completed, with many daily entries missing and few recording detailed interactions with the prisoner. Case reviews were seldom multidisciplinary, but many included details of useful discussion with, and challenge of, prisoners.

3.11 The range of data available to the safer prisons meeting had improved, but resulted in little documented discussion or action. Minutes regularly noted weaknesses in the CSIP process, but again, this did not lead to any action.

3.12 A weekly multidisciplinary safety intervention meeting (SIM) was held, to consider more vulnerable or challenging prisoners, including those managed on a CSIP. Discussions were undermined by poor CSIP planning and wing monitoring.

3.13 The prison had funded a small team of forensic psychologists to support various aspects of its work, including the reduction of violence. This was a promising initiative, although its development had been hampered by the onset of the pandemic. The team offered an eight-week programme for prisoners in the new social responsibility unit, to address behavioural problems and promote pro-social behaviour. 'One-page plans' were drawn up with individuals, to help them, and wing staff, understand their behaviour, including triggers of violence (see also paragraph 3.35).

3.14 The management of gang conflict remained a substantial and complex challenge. At the time of the inspection, there were 147 known gang members, from 77 different gangs. The prison worked well with Catch 22's gangs team, to identify gang affiliation and understand the threats that membership posed. There was a weekly meeting between the security and safer prisons departments and Catch 22, to share information and coordinate work.

3.15 The prison had introduced a new approach to managing gang conflict in April 2021, encouraging members to manage and resolve their differences, without separating them routinely in different locations. Although it was too early to assess the impact of the new approach, early indications were encouraging. In the last six months, only seven prisoners had been segregated for their own protection, and we found little evidence of individuals self-isolating on the wings.

3.16 During the pandemic, the incentives policy had been amended nationally and the basic level of the scheme had been removed, other than in exceptional circumstances. The original policy had recently been restored, and at the time of the inspection there were 60 prisoners on the basic level. Prisoners complained that staff were too ready to issue warnings under the policy, rather than positive reports. In our survey, only 22% said that they been treated fairly in the behaviour management scheme.

3.17 Those on the basic level of the scheme were allowed half an hour of exercise per day. They also had their television removed, which meant that they could not access the CMS in-cell, so had to use the kiosks on wing landings during their short time unlocked (see also paragraph 4.9). There was good governance of the process for reviewing incentives scheme levels, and at the time of the inspection few were overdue. However, there was little evidence of individualised target setting in basic reviews.

3.18 In our survey, only 34% of respondents said that the incentives scheme encouraged them to behave well. The prison was reviewing the incentives offered, and this work was progressing well. It had recently created an enhanced landing in house block 1, offering benefits which were valued by prisoners living there, such as increased time out of cell and some cooking and gym equipment.

Recommendation

3.19 **Challenge, support and intervention plans should be tailored to individual need, and monitoring should evidence meaningful engagement with the prisoner.**

Adjudications

3.20 The number of adjudications had increased since the previous inspection, with 4,151 in the last 12 months. The process was well managed, and preparation of cases had improved. In the last six months, about 33% of adjudications had been adjourned, but almost all adjourned cases had proceeded to completion. At the time of the inspection, there were 64 adjourned cases awaiting hearing, which was a much lower number than we usually see. The backlog in police referrals stood at 20 cases, which was also low. In the last quarter, the Crown Prosecution Service had decided to prosecute 12 cases.

3.21 Adjudication hearings were generally fair. Prisoners were given an opportunity to put their side of events and plead mitigation. Punishments were proportionate and tailored to individual circumstances.

3.22 The segregation monitoring and review group (SMARG) had oversight of adjudications, although it had met only twice since the beginning of 2021 and there was little discussion of the adjudication process in these meetings.

Use of force

3.23 In our survey, over one in 10 prisoners said that they had been physically restrained in the last six months. There had been a steep rise in the use of force, from 359 incidents in the year before our last inspection to 920 incidents in the same period before the current one.

3.24 The prison had identified and taken robust action on some excessive use of force. There had been three investigations since the beginning of 2021, resulting in the dismissal of two officers.

3.25 Despite this, governance arrangements remained poor. Although there was better completion of use of force documentation than previously, some reports still lacked detail and sufficient justification. We found discrepancies in some accounts of incidents which had not been identified in management checks (see key concern and recommendation 1.59).

3.26 Oversight had been undermined by the failure of staff to use body-worn cameras. The prison had worked hard to address this and had recently introduced better camera technology. Our sampling of incidents showed that cameras were now being used in almost 80% of incidents, compared with about 50% earlier in the year, which was much higher than we have seen in other prisons.

3.27 Use of force instructors told us that they no longer had sufficient time to scrutinise video footage of incidents. They could not produce data on the number of cases they had reviewed, but we were told that in recent months this had been very low. An administrator looked at footage for a small number of incidents, but she was not trained for the role. We were told that she would refer any concerning incidents to managers, but there was no record of any referral being made (see key concern and recommendation 1.59).

3.28 Our review of use of force incidents showed insufficient de-escalation of incidents. There were also repeated examples of poor practice, creating unnecessary risk to staff.

3.29 Officers now carried batons. These had been drawn on 21 occasions in the year to the end of September 2021. The prison was unable to produce data on the number of baton strikes made.

3.30 The monthly use of force committee had met only twice in the last six months. Footage of incidents had not been reviewed in either of these meetings. Data presented to these meetings showed that force had been used disproportionately on black and minority ethnic prisoners (see also paragraph 4.36). In our survey of prisoners with mental health problems, 18% said that they had been restrained, compared with 3% of their counterparts. The prison's limited analysis of data left it ill-equipped to explain this result.

Segregation

3.31 The prison had worked hard to reduce the number of prisoners segregated. A total of 440 had been segregated in the last 12 months, compared with 642 in the same period before our last inspection. The average length of time held on the unit was 11 days. During the inspection, two prisoners on an assessment, care in custody and teamwork (ACCT) case management document were being held on the unit, but there were exceptional circumstances to justify this.

3.32 Most cells were in a reasonable condition, with much less graffiti than at the time of the previous inspection. Communal areas of the unit were clean, spacious and had natural light, but exercise yards were cramped

and austere. The regime was poor, but there were in-cell telephones and showers. Segregated prisoners were given puzzles, radios and books to occupy them, and half an hour's exercise a day, although it was rare for them to be allowed to exercise together. Meals were still served at cell doors rather than prisoners collecting them from the servery.

3.33 Relationships between officers and prisoners on the unit were relaxed, and better than at the time of the last inspection. The forensic psychology team was providing invaluable support to the unit. It assisted with the recruitment of segregation staff and provided quarterly one-to-one meetings with them, to help them to manage stress and maintain resilience.

3.34 Segregation reviews were timely, but lacked meaningful target setting to address poor behaviour. Prisoners segregated for longer periods now had reintegration plans, but these were insufficiently tailored to individual need. However, some good work was developing with the forensic psychology team to support reintegration.

3.35 Special accommodation had been used on eight occasions in the last 12 months, which was not excessive. There was a more proportionate approach to prisoners thought to have secreted prohibited items than at the time of the last inspection.

3.36 Only two SMARG meetings had been held in 2021. There was insufficient documented action on data showing the disproportionate segregation of black prisoners (see also paragraph 4.36).

Recommendation

3.37 **Subject to risk assessment, segregated prisoners should be able to collect their meals from the servery, exercise together and have access to suitable regime activities.** (Repeated recommendation 1.53)

Security

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

3.38 Security arrangements, including procedural security, were generally proportionate. In the documents we examined, there was suitable risk assessment of prisoners being escorted to hospital. All new arrivals were strip-searched on arrival and then body scanned, with no individualised risk assessment for this double measure (see also paragraph 3.2).

3.39 The flow of intelligence had reduced since the last inspection, from an average of 575 intelligence reports a month to an average of 378. In part, the prison considered this a consequence of the limited regime offered during the pandemic, but the team also believed that it resulted from poor staff confidence in reporting. It had been working closely with residential staff to address this and reporting had increased considerably in the previous three months.

3.40 As a result of staff shortages, there was a backlog of 389 intelligence reports which had not been acted on. Reports were triaged, to make sure that they were prioritised appropriately. Mandatory cell searches were reasonably productive.

3.41 There was good inter-agency work to manage extremist prisoners and those vulnerable to radicalisation. There was effective joint working with the on-site police and the safer prisons and gangs teams, and also with the police and the Her Majesty's Prison and Probation Service anti-corruption unit. Four former staff members had been convicted of corruption in the previous year. There was also some good preventative work. Nine members of staff considered vulnerable to conditioning had been interviewed, to determine appropriate follow-up action and support.

3.42 In our survey, just over a quarter of respondents said that it was easy to get illicit drugs in the prison, which was similar to the figure at comparator prisons. There were monthly drug strategy meetings, with reasonable attendance by most key agencies. The national suspension of mandatory drug testing had left the prison without reliable data on drug use.

3.43 Apart from acquiring a body scanner, the prison had taken too long to address weaknesses in supply reduction work. Most drug finds were identified in incoming mail by drug detection dogs, although dogs were not always available in the post room. It had also taken too long to arrange the update of the mailroom drug scanner.

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

3.44 There had been two self-inflicted deaths at the prison and two 'non-natural' deaths since the last inspection. The prison was addressing recommendations made by the Prisons and Probation Ombudsman (see also paragraph 4.57).

3.45 Since the last inspection, there had been a slight increase in the number of incidents of self-harm, from 403 to 478 over the previous 12 month-period, although there had been a clear downward trend in self-harm in the last year. Positively, the establishment had the third lowest level of self-harm when compared with similar prisons.

3.46 The prison had a strong, comprehensive strategy for reducing self-harm. Most notably, it had introduced a grading scale to review levels of self-harm and tailor resources and support for prisoners proportionately. There was good use of data analysis and the monthly safer prisons meeting was well attended, although there was too little evidence of this driving change.

3.47 There were proactive efforts to make sure that ACCT documents were opened appropriately. Information sheets had been distributed, to guide staff when considering an individual for additional support, and staff had received training in ACCT version 6. In our survey, only 57% of prisoners who had been on an ACCT said that they had been well cared for. However, most of those we spoke to who were currently on an ACCT said that they valued the additional layer of support provided. The quality of ACCT documentation was mixed and too often poor. The triggers were not followed by coherent and completed action plans. Case reviews lacked multidisciplinary attendance, even when some stakeholders were integral to the action plan. It was concerning to see numerous gaps; for example, there were often no wing staff summaries or supervisor checks.

3.48 There was clear evidence of actions being followed up at the SIM (see paragraph 3.12), and individual cases were explored in depth.

3.49 The Listeners scheme (whereby prisoners trained by the Samaritans provide confidential emotional support to fellow prisoners) had been paused during the height of the pandemic and then slowly reintroduced, and recently had been fully reinstated. The prison had recruited more Listeners, and they were supported well by the Samaritans lead. Several of them told us that some staff did not facilitate their visits when requested, and this diminished confidence in the scheme. In our survey, less than a third of respondents said that it was easy to speak to a Listener. Listeners also said that in some instances they were not afforded sufficient privacy when supporting other prisoners. The scheme was underused, although the prison had begun to deliver staff workshops and publicise it. As a result of in-cell telephony, prisoners could access the Samaritans phoneline more easily than previously.

Recommendation

3.50 **Assessment, care in custody and teamwork (ACCT) documents should be completed comprehensively, with coherent and complete action plans and all summaries and observations filled out.**

Protection of adults at risk (see Glossary of terms)

3.51 The safeguarding policy outlined links with the local authority and made note of the referral process for any adults at risk. The adult safeguarding referral process was well established and robust. Referrals were logged and discussed at the SIM (see paragraph 3.12), which was the main forum for identifying and discussing prisoners at risk. Attendees at the SIM included workers from community agencies, which facilitated information sharing.

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 Although, in our survey, only 65% of respondents said that staff treated them with respect, the relationships that we observed were generally positive. We saw some proactive and supportive interactions, and instances where staff were familiar with prisoners and their needs. However, some prisoners told us that staff were sometimes unhelpful or abrupt, and that less experienced staff were sometimes unable to resolve problems effectively. We saw some instances of staff failing to challenge low-level rule breaking, such as bad language and play fighting.

4.2 Younger prisoners who responded to our survey were more negative about staff, with just 43% of those under 25 saying that staff treated them with respect. Young prisoners that we spoke to told us that some staff did not understand the issues they faced and were quick to discipline them rather than discussing problems.

4.3 Catch 22 staff from the offender management unit were visible on the wings and we saw them having in-depth conversations with prisoners on their caseload, which was appreciated by these individuals.

4.4 Minimal key work (see Glossary of terms) had taken place during much of the pandemic, but it had resumed in the previous few months. In October 2021, 72% of prisoners had an allocated key worker and over 1,700 sessions had taken place, around a third of the total number planned. The records we sampled showed that the regularity and quality of key work were variable; although some showed good engagement with prisoners, and efforts to help them resolve their problems, others were cursory and did not demonstrate meaningful contact.

4.5 A mentoring scheme, which allowed experienced staff to support newer recruits, was helpful. The programme was focused on developing staff skills in engaging with prisoners and was supported by prison leaders.

Recommendation

4.6 **The key worker scheme should be applied consistently, with regular interaction that should be recorded fully in prisoners' electronic case notes.**

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 Communal and outdoor areas in the prison were clean and tidy, with little damage or litter. Most cells were in good order, and the recent programme of cell repainting had addressed issues with graffiti. As a result of improved facilities management, problems such as broken observation panels and out-of-use cells had reduced.

A wing

4.8 No prisoners lived in overcrowded conditions, but we found that some convicted prisoners continued to share cells with those on remand. Each cell had a shower and a toilet, and in our survey 99% of respondents said that they could shower every day. However, because of the fabric of this bathroom area, many toilets appeared dirty, and we saw some cells with inadequate privacy screening.

An in-cell toilet on B wing

4.9 Prisoners appreciated having a telephone in their cell, as well as access to the custodial management system (CMS), enabling them to submit applications, place prison shop orders, select meals and book visits electronically. We spoke to many prisoners whose CMS terminals were not functioning because of equipment being broken or the ongoing upgrade to the system causing software issues, reducing their ability to perform basic functions. As a result of reduced time out of cell, access to CMS kiosks on the wings was also often limited.

A CMS kiosk on the wings

4.10 In our survey, only 40% of prisoners said that they had enough clean clothing, and 49% that they could access clean sheets each week, both figures being lower than at similar prisons. We saw working laundry facilities and some clean sheets being delivered, but we also came across prisoners who had inadequate suitable clothing, who told us that they were not always able to access clean items.

4.11 There were ongoing problems with the cell call bell system. In our survey, just 11% of respondents said that their cell bell was usually answered within five minutes, and the bells that we tested were not answered promptly. Prison data showed that most cell bells had been answered within five minutes, but because of problems with the computer system used to monitor cell bells and some system failures, it was unclear how comprehensive these data were. Staff who monitored cell bells were frustrated with the current system, and some prisoners we spoke to expressed concerns about how quickly their cell bells would be answered in an emergency.

4.12 Prisoners could receive parcels containing property once a year, which had to be handed in during their first 30 days at the prison. However, those who had arrived during the pandemic, during which this facility had been suspended, had not been permitted to receive property retrospectively, which had caused frustration.

Recommendations

4.13 **Remand prisoners should not share cells with convicted prisoners.**

4.14 **The prison should make sure that all prisoners are able to access the custodial management system regularly and that the in-cell technology is repaired promptly when broken.**

4.15 **Cell call bells throughout the prison should be answered within five minutes.** (Repeated recommendation 2.8)

Residential services

4.16 Prisoners were positive about the food at the establishment. In our survey, 60% of respondents said that the quality of the food was good, which was much higher than we usually see. The food we saw being served was varied and well portioned, and religious and dietary needs were well catered for. There had been some problems with kitchen utensils being used to serve both halal and non-halal food; however, new cabinets, with clearly marked utensils, had been installed recently.

A servery area on the wings

4.17 Due to the suspension of educational activities during the COVID-19 pandemic (see paragraph 5.11, and key concern and recommendation 1.63), not all prisoners who were working in food service had received the necessary health and safety training.

4.18 Prisoners could order from the prison shop once a week, and new prisoners could make their first order promptly after their arrival. However, for certain products there were limits on the volume that

could be ordered each week, which frustrated prisoners. There was still a lack of healthy food options available on the prison shop list.

Prisoner consultation, applications and redress

4.19 Arrangements for prisoner consultation were well developed. Prisoner representatives attended weekly meetings, which fed into monthly forums where issues were discussed with managers and actions developed. Minutes from these meetings showed that they were reasonably well attended and covered a range of topics. However, the representatives told us that meetings often did not result in meaningful action. The action logs we saw did not always record concrete actions or specific areas of progress.

4.20 The prison received high numbers of applications. Over 130,000 had been submitted in the previous few months. Managers monitored response times and undertook quality assurance on responses. In our survey only 52% respondents said that it was easy to make an application; this was largely because of problems with the CMS system (see paragraph 4.9 and recommendation 4.14).

4.21 The prison had received 701 complaints in the previous six months. Records showed that 82% of these had received a timely response, and managers quality assured responses. Much of this assurance was focused on the standards set out in the prison's contractual agreements and not always on the tone and suitability of the response. There was some useful analysis of trends in the topic of complaints, but meetings to discuss this had not taken place in the previous few months.

4.22 Prisoner confidence in the complaint system was low. In our survey, only 40% of prisoners said that it was easy to make a complaint, and, of those who had, only 18% said that these were dealt with fairly. Prisoners told us that they were reluctant to complain as they did not feel that issues would be investigated or addressed properly. The sample of complaints that we reviewed included responses of variable quality, with some engaging with the issue raised and explaining the outcome, but others being brief and lacking in empathy. The responses to confidential complaints about incidents involving staff were weak, and often did not provide a full explanation of the actions that had been taken.

4.23 The library contained a range of legal texts, which prisoners were supported to access when needed. They could also apply to use 'access to justice' laptop computers.

4.24 In-person legal visits had continued to take place during the pandemic, and 2,188 had taken place in the previous six months. The prison's legal visits rooms were fit for purpose, but some legal visits continued to take place in the social visits area, which lacked confidentiality.

4.25 The new video conferencing centre offered a valuable resource. It contained 14 rooms for use for legal visits, police interviews, and court

and parole hearings. Almost 900 calls had taken place from the facility in October 2021. Prisoners appreciated that legal representatives could call them directly in their cells.

Newly refurbished video conferencing facilities

4.26 There was no bail information officer, despite the large population of remand prisoners. However, prison offender managers (POMs) responded to applications about remand and bail via the 'remand advice service'. POMs could also help prisoners with bail applications and refer them to support services, but this assistance had to be requested, and records showed that few had applied for it in recent months, which was a missed opportunity.

Equality, diversity and faith

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

Strategic management

4.27 The strategic oversight of equality was limited and needed a higher profile, and more resourcing and vigour. There was a general policy, which had been updated in March 2021, but no tailored strategy setting

out Thameside's vision, key priorities for improvement, or how success would be measured.

4.28 The diversity and equality action team (DEAT) had continued to meet and was reasonably well attended, although few substantive actions were generated. Until September 2021, the full-time equality manager had been supported by a custodial officer. However, there were now gaps in provision, as a result of the impact of staff illness, cross-deployment of officers and a vacancy in the team.

4.29 Named senior managers were responsible for leading each relevant protected characteristic, but little work had taken place. Forums had been suspended for much of the pandemic. Surveys had been used to engage with some prisoners within protected groups, but not all. The lack of regular consultation left the prison poorly placed to understand the needs and experiences of some prisoners, especially given the high turnover of the population.

4.30 Analysis of data to identify potential disproportionate treatment of prisoners did not take place systematically or drive coordinated action planning or change for prisoners across all protected groups. Some equality monitoring data were discussed at the DEAT, but minutes of meetings indicated that this was not in any depth and that the analysis was limited mostly to discrimination incident report forms (DIRFs).

4.31 In the previous 12 months, over 138 DIRFs had been submitted. Investigations and responses were thorough, clear and respectful, and a sample was reviewed for quality assurance both internally and independently, by the Royal Borough of Greenwich social care team. However, there were long delays in DIRFs being collected from the wings, impacting on the timeliness of responses and prisoners' confidence in the system.

4.32 A team of prisoner care and support orderlies also worked as diversity representatives. They received good training and oversight by the Royal Borough of Greenwich and Change, Grow, Live (CGL) to make sure that they undertook their roles appropriately. Those we spoke to enjoyed their jobs and said that they felt well supported.

4.33 Recent developments to engage with groups such as the Zahid Mubarek Trust, Inside Belief and the Irish Council for Prisoners Overseas were promising steps forward in the prison's efforts to promote diversity and inclusion.

Recommendation

4.34 **Leaders should make sure that equality and diversity work has sufficient oversight, resourcing and profile, so that they can understand and address the experiences and support needs of prisoners from protected groups.**

Protected characteristics

4.35 Prisoners in most protected groups reported similar treatment and conditions to their counterparts in most of our survey questions.

4.36 About two-thirds of prisoners identified as black and minority ethnic. Our survey showed no substantial difference in these individuals' perceptions of treatment when compared with white prisoners. Some recent data showed an over-representation of black prisoners in incidents involving the use of force (see also paragraph 3.31) and in segregation (see also paragraph 3.37), and a possible inequity in attaining enhanced status in the incentives scheme, and the prison needed to do more to understand why. There was little consultation with black and minority ethnic prisoners and it was unclear what actions, if any, had been taken following their feedback to a survey which had been distributed earlier in 2021.

4.37 In our survey, 4% of respondents said that they were from a Gypsy, Roma and Traveller (GRT) community. A survey had been distributed to them earlier in the year, and more recently three prisoners had attended a forum facilitated by the Irish Council for Prisoners Overseas. While this number was low, there was evidence of meaningful discussions, and prisoners were provided with copies of the *Traveller Times*, easy-read literature, prayer books and contact cards for organisations supporting Irish and GRT prisoners.

4.38 About a quarter of the population were foreign nationals and about 39 of these were being detained beyond the end of their sentence, under Home Office immigration powers. Both the foreign nationals coordinator and a solicitor's firm, paid for by the prison to provide free, independent legal advice on immigration issues, had continued to offer face-to-face help and support throughout the pandemic. Links with the Irish Embassy had recently been established, but engagement from other embassies had been less forthcoming.

4.39 Home Office immigration staff were still not providing a full-time service and there were no imminent plans to do so, leaving too many prisoners and detainees unsupported. Face-to-face contact with them was limited and wing surgeries were still suspended. Legal paperwork was issued in English and often not served to prisoners with enough time for them to understand, agree to or appeal against its implications.

4.40 C wing 'uppers' continued to house most foreign national prisoners, which helped with mutual aid and support. Professional telephone interpreting services were reasonably well used, particularly by health care and reception staff. There was a diverse workforce and some staff spoke a range of languages, which helped with more informal translation and interpretation. The in-cell CMS system was accessible to non-English-speakers, but the library did not stock enough books in other languages. Staff told us that a bespoke DVD channel for screening foreign national films was about to be launched.

4.41 The prison held a relatively young population, with about 40% under 30 years of age, 8% of which were under 21. About 13% of prisoners were over 50. Although limited, there had been some creative efforts to address the needs of young adults and older prisoners. Initiatives such as the bespoke equine intervention, run by the team of forensic psychologists, which brought horses on-site and offered a 10-session accredited programme in animal therapy for young adults (aged 18–25) (see also paragraph 6.28), and the recent offering of the Duke of Edinburgh Award and 'Choices and Changes' were all positive. There were well-developed plans with Inside Belief (a group of community volunteers) to run forums, dementia training and one-to-one sessions with older prisoners, and gym equipment was due to be installed imminently on D wing 'uppers' (levels 3 and 4), where many older prisoners resided.

4.42 In our survey, 36% of respondents said that they had some form of disability, and this group reported more negatively in areas such as safety and the ease of making a complaint, which the prison needed to explore further. During the inspection, we found prisoners with disabilities receiving good care. Staff were aware of those who required personal emergency evacuation plans, and adaptions were provided for those who needed them. A team of orderlies was trained and well supported, and provided a valuable role in helping those with social care and mobility needs.

4.43 In our survey, 2% of respondents said that they were homosexual or bisexual. The prison had made reasonable efforts to celebrate LGBT History Month, but support forums remained suspended.

4.44 There were good multi-agency working relationships between the prison, probation service and courts to plan in advance for transgender prisoners' arrival at the establishment, and, overall, support for these individuals was generally good. Those we spoke to were mostly positive about the care they received, but one prisoner was more negative about staff and other prisoners' perceptions of her, and the ability to buy clothing and cosmetics from a wider range of catalogues was limited.

Recommendation

4.45 **Foreign national prisoners and detainees should have timely access to information, help and face-to-face support.**

Faith and religion

4.46 The chaplaincy was committed, provided a valuable service and continued to be well integrated into daily prison life. The team was well led and resourced, covering all the faiths practised by prisoners.

4.47 In our survey, 62% of respondents who had a religion said that their religious beliefs were respected. The team had continued to offer a range of important pastoral support and care throughout the pandemic, which was appreciated by the prisoners we spoke to. Chaplains visited

all new arrivals and offered help for those due for release. They visited the segregation and inpatient units and attended reviews of those prisoners being supported through assessment, care in custody and teamwork (ACCT) case management.

4.48 Chaplains offered in-cell work packs and weekly written sermons for different faiths, and produced pre-recorded sermons for broadcast on the DVD channel. Good use was made of a computer tablet to enable prisoners to view funerals remotely.

4.49 The two adjoining multi-faith rooms were spacious and light. However, the prison had been too slow to resume corporate worship, which still remained suspended and was a source of frustration for many, particularly Muslim prisoners, who accounted for nearly a third of the population. Traditional celebrations for Ramadan and Eid had inevitably been affected by COVID-19 restrictions, but creative efforts had been made to provide prisoners with appliances to warm their food in the evening, to break their fast.

4.50 Some faith groups, such as Bible studies and Islamic and Sikh classes, had been reintroduced recently, which was welcomed, but links with community-faith based groups were underdeveloped.

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.

4.51 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 issued 'requirement to improve' notices following the inspection (see Appendix II: Further resources).

Strategy, clinical governance and partnerships

4.52 Oxleas NHS Foundation Trust ('Oxleas') had held the main health contract since April 2015, and this had been extended until the end of March 2023. There were regular pan-London partnership board meetings and a range of local governance meetings. The health needs analysis was out of date, but work was under way across London prisons to look at new health delivery models.

4.53 Aspects of partnership working with the prison had improved, particularly concerning the management of COVID-19, with positive interactions and contingencies established to manage the three outbreaks that the prison had experienced. This included good support and guidance from NHS England and Improvement, and the health protection team.

4.54 Health services were well led by the interim head of health care and clinical managers, with some improvements and promising innovations. However, there were some aspects of medicine management that needed attention (see key concern and recommendation 1.61).

4.55 In our survey, respondents were less positive than at similar prisons about access to and the quality of nursing, pharmacy and GP services. We observed polite and considerate interactions between health care staff and prisoners, but we also saw less respectful communications – for example, prisoners being addressed by their surnames. Prisoners told us that while most health staff were kind and supportive, some were abrupt and unhelpful. Health managers had started to address this, following their own patient surveys.

4.56 Clinical leaders were working hard to improve service delivery, and staff felt supported through managerial and clinical supervision. Staffing levels had been stretched at times, and regular agency and bank staff were used to cover any deficits. Mandatory training was well managed, and professional development opportunities were available.

4.57 There was a clear clinical incident reporting system, and serious incidents and trends were discussed at governance meetings. Oversight of the health recommendations from the Prisons and Probation Ombudsman death-in-custody reports was good and showed reasonable progress, with work ongoing. 'Embedded learning' sessions had been implemented, with the aim of improving aspects of service delivery.

4.58 There was now a confidential health care complaint process, but some of the responses we sampled were poor. Some did not address fully the issues raised, were curt in manner, were illegible and did not indicate how to escalate the complaint if the complainant was dissatisfied with the response. Prisoners who had been released or transferred were not provided with a response.

4.59 Generally, the clinic areas in the health care department and the inpatient unit were clean and tidy, and had achieved compliance with an infection prevention and control audit in September 2021, but the clinic rooms on the wings achieved only 83% compliance. There were several issues with the fabric of the building, including dents and cracks in the walls and flaking paint. Health care managers had raised this with the prison and were awaiting resolution.

4.60 Health care staff were trained in intermediate life support, and emergency response equipment was checked and maintained appropriately.

Recommendations

4.61 **Responses to health care complaints should be polite, timely, address the issues identified and indicate how to escalate concerns if the complainant is not satisfied with the response they receive.**

4.62 **All clinical environments should comply with infection control standards.**

Promoting health and well-being

4.63 The main health promotion focus since the start of the pandemic had been on managing COVID-19 and promoting the national vaccination programme. Uptake of the vaccine had been lower than expected, at around 40%, despite ongoing encouragement and education. Those requiring booster vaccinations had been identified and clinics were being planned. The influenza vaccination programme was under way.

4.64 The team used the CMS to promote health care initiatives, including those concerning COVID-19. Turning Point, which provided the substance misuse psychosocial service, displayed a wealth of information, in various languages, in the health care centre waiting room. Other health care information was displayed, and could be translated, but this was not well advertised.

4.65 National health screening programmes, such as for bowel cancer, were available, while blood-borne virus testing was offered to all new arrivals. A hepatitis specialist nurse attended regularly, providing liver scans, and support and treatment for patients with hepatitis C.

4.66 External sexual health services had resumed their clinics, and harm minimisation advice and supplies were available on an individual basis.

4.67 Wellbeing and sleep packs were available and there were around 20 health champions on the wings to help deliver health promotion initiatives.

4.68 Smoking cessation clinics ran daily, offering a six- to eight-week programme, with a range of nicotine replacement therapy offered.

Primary care and inpatient services

4.69 A registered nurse and a GP screened new prisoners in reception. We observed health care staff leaving the door to the screening room open, which compromised confidentiality, and there was no sink to enable staff to wash their hands. Professional telephone interpreting services were used by health care staff when needed, but a telephone was not available in one of the health care reception rooms. COVID-19 testing was undertaken on all new receptions.

4.70 New prisoners received a comprehensive secondary health care assessment within 72 hours of their arrival, and referrals to other services were made as required.

4.71 Prisoners could make health care appointments through the CMS, either in-cell or on the wing. However, this did not always work well (see paragraph 4.9).

4.72 Improvements had been made in the management of prisoners with long-term conditions. Regular clinics were held, and a lead nurse

assessed and monitored more complex cases. These prisoners had care plans, most of which were individualised and appropriate for patient need, although a small number lacked detail and needed personalisation.

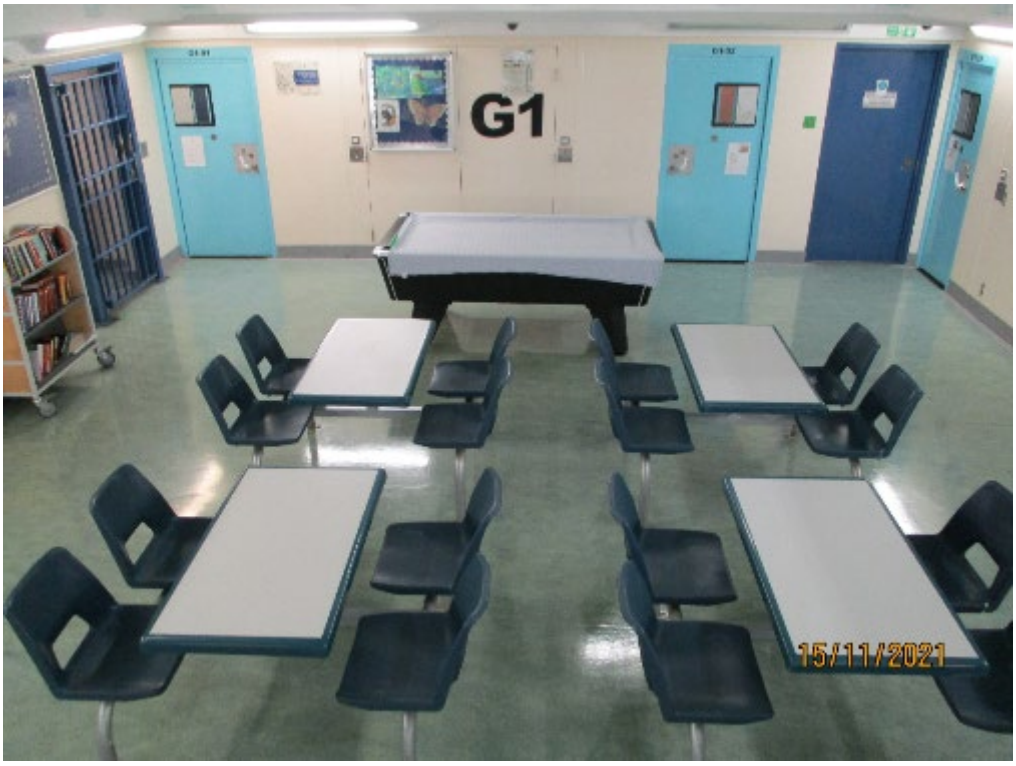
4.73 A new visiting orthopaedic clinic had been established recently. The on-site diagnostic X-ray facilities were now fully functioning, and the interim head of health care was in the process of establishing a fracture clinic, as well as a small dialysis unit. This would enable prisoners to be assessed and treated on-site for a number of conditions, which would reduce the number of external hospital attendances and need for prison escorts.

X-ray facilities in the health care centre

4.74 A GP could be seen for an urgent consultation on the same day, or within 14 days for routine appointments. Waiting lists for specialists were relatively short.

4.75 Pre-release consultations were arranged for patients being transferred or released, with an appropriate supply of medication if needed. Patients were provided with information about accessing health care services in the community.

4.76 The well-managed 18-bed inpatient unit, accommodating mostly mentally unwell prisoners, provided a clean and calm environment.



Inpatient unit

4.77 The unit had a waiting list of seven prisoners, whom the wing staff managed in partnership with the mental health team. All patients had individualised care plans and a daily comprehensive observation in their clinical records. The prisoners were complimentary of the care they received both from nurses and the officers on the unit. There were regular multidisciplinary team ward rounds. The therapeutic regime was implemented by an occupational therapist, who provided structured activities and time in the fresh air. Clinical notes demonstrated improved outcomes for those being held on the unit, with clear progression pathways to reintegrate those who were stabilised.

Social care

4.78 The Royal Borough of Greenwich commissioned a prison's social care service, provided by CGL, and there was a memorandum of understanding with the prison. CGL provided good care to prisoners assessed by the social care team as needing a social care package (see Glossary of terms) or peer support. Each had a care plan in their possession, and copies were available on the health records and in the social care office. Records of care were comprehensive. Those needing aids and equipment were assessed, and these were provided promptly from agreed sources. The nine prisoners currently receiving a care package were complimentary of the care they received. The service was advertised widely through posters and leaflets. Ten peer support workers were trained and supervised regularly. An advocacy service, provided by POhWer, was available for those who needed it.

Mental health care

4.79 Mental health services were delivered by a conscientious multidisciplinary group of skilled professionals, who provided a responsive service. A range of services provided a stepped model of care for prisoners with mild to moderate and more complex needs. This included a clinical psychological therapies service, run by Oxleas, and counselling, provided by Atrium.

4.80 The mental health in-reach team included experienced mental health nurses, learning disability nurses and comprehensive psychiatrist cover. It was supporting about 90 patients with enduring mental health problems, 36 of whom were being managed effectively under the care programme approach (which ensures that patients with mental illness receive continuity of care). The team liaised well with community mental health teams to arrange continuity of care, and followed up seven days after the prisoner's release.

4.81 There had been an increase in the number of mentally unwell prisoners being sent to the establishment since the beginning of the pandemic. This included individuals with an established diagnosis of schizophrenia. The number of referrals to mental health facilities under the Mental Health Act had doubled since the start of the pandemic, and, despite escalation and good work by the Mental Health Act coordinator, too many transfers exceeded the 28-day guidelines. During the previous six months, 36 patients had been referred, with 14 being transferred within the timeframe and 20 waiting long periods, with the longest wait being 113 days, which was unacceptable (see key concern and recommendation 1.60).

4.82 All referrals came through a single point of contact and were reviewed each weekday. The team had developed links with the court liaison and diversion teams and was informed when prisoners with mental health problems were to be sent to Thameside, sometimes as a place of safety, which was inappropriate.

4.83 Urgent referrals were seen promptly and the primary mental health nurses usually completed the secondary health screen for those with an identified mental health need on the day after arrival. There had been 3,257 mental health referrals in the six months to October 2021.

4.84 Referrals and patients were discussed at an effective multidisciplinary meeting, chaired by the consultant psychiatrist. This included the dual diagnosis worker, who provided effective support to prisoners with mental health and substance use-related problems. Chaplaincy and housing representatives also attended.

4.85 Group work had stopped as a result of the pandemic, but the content had been adapted for individual sessions. Some groups were due to restart, including a Hearing Voices group.

4.86 Prescribing reviews and health monitoring were carried out for prisoners on mental health medication. Record keeping was good and was reviewed and audited regularly.

4.87 Mental health awareness training had been curtailed because of the pandemic, but some training and information at officer induction sessions had taken place.

Substance misuse treatment

4.88 Oxleas provided the clinical substance misuse service, and Turning Point carried out psychosocial interventions. There was an up-to-date drug strategy and meetings were well attended, with good oversight of local issues.

4.89 All new arrivals were seen in reception by a trained nurse, and those needing stabilisation and monitoring were seen by a specialist GP or non-medical prescriber. Prescribing was undertaken using a local formulary (a list of medications used to inform prescribing) that was in line with national standards. There were approximately 274 prisoners on opiate substitution therapy, alcohol detoxification or a mixture of stabilisation treatments. All newly arrived prisoners were monitored robustly while stabilising and reviewed by the clinical team on day 5. Few 28-day and 13-week reviews were undertaken, as many prisoners were not at the prison long enough to have these; these were carried out jointly, by both providers.

4.90 Although Turning Point now had access to SystmOne (the electronic clinical record), there was still no single integrated substance misuse record for prisoners, and this carried risks. Turning Point staff kept paper records and transferred some of this information to prisoners' P-Nomis (prison national offender management information system) records and scanned their care plans onto the correspondence files on the heath records.

4.91 The fully staffed psychosocial team consisted of a service manager, a deputy and a further 20 additional drug and alcohol workers. They delivered programmes and one-to-one care, and had a joint caseload of approximately 340 prisoners. The team was highly visible on the drug stabilisation unit, but the regime there was not sufficiently therapeutic or occupational.

4.92 All group interventions had ceased for approximately 19 months. Turning Point had adjusted its service delivery model to support prisoners through telephone consultations, one-to-one work and in-cell packs, which prisoners told us were good, and were meticulously reviewed to ensure completion.

4.93 Community drug teams were notified when any of their clients arrived at the prison and were invited in, in advance of the prisoner's discharge, to start release planning. Strong relationships had been developed with many of the London boroughs because of the high turnover of the prison population. Naloxone (an opiate reversal agent)

training and supply had been embedded successfully over recent months.

Recommendation

4.94 **There should be an integrated substance misuse record on SystmOne to provide a unified view of the patient and enable all practitioners easily to share information on risk and progress.**

Medicines optimisation and pharmacy services

4.95 We found weaknesses in the management of medicines. Many prisoners told us that they had experienced gaps in receiving their medication, with delays both with repeat prescriptions and receipt of in-possession medication, and we also observed this during the inspection (see key concern and recommendation 1.61).

4.96 Medicines were dispensed by the registered pharmacy in the prison and were labelled individually. Stock check arrangements were recorded appropriately, with medicines stored in the main pharmacy unit and wing treatment rooms. The storage of some of the medicines in the treatment rooms was muddled, with medicines for some patients being stored in two locations. This may have contributed to the difficulty in finding medication (see key concern and recommendation 1.61).

4.97 A contemporary in-possession policy took account of both the prisoner and the medication. A risk assessment was carried out as part of the reception process, but this was not always updated when circumstances changed. Medicines reconciliation was not carried out routinely during the reception process. This resulted in some prisoners experiencing delays in having their medicines assessed (see key concern and recommendation 1.61). Around 55% of patients received medication under supervision, and 45% in-possession.

4.98 Medicines were administered by trained pharmacy technicians and nurses each day. While some administration queues had officer support, we observed crowding around the medication hatches, which contributed to delays in medicine administration and increased the opportunity for diversion and bullying. The queuing process involved prisoners placing their identification card in a pile at the hatch. This worked adequately where there was an officer to manage the queue, but was flawed when unsupervised. During the inspection, one prisoner did not receive his medication during an administration period, as a result of queue jumping (see key concern and recommendation 1.61).

4.99 We observed several prisoners being told that their medication was not available, when in fact it was. This included one individual who had been without his medication for five days. We spoke to one prisoner who had not received his medication on the previous day, as no one would take him to the treatment room to collect it (see key concern and recommendation 1.61). We saw a nurse administering an individual's named medication to someone else. There had been several

medication incidents recently, one resulting in a patient being taken to hospital.

4.100 Queries to the pharmacy were handled using a book rather than SystmOne. This meant that there was a delay in urgent queries reaching the pharmacist (see key concern and recommendation 1.61). There was evidence of regular room and refrigerator temperature monitoring. In several treatment rooms, we observed keys being left in the doors of medicine and controlled drug cupboards. There were audits to highlight the prescribing of abusable medication. The pharmacy had run several clinics previously, but these had stopped during the pandemic, although there were plans to reinstate these.

Dental services and oral health

4.101 Tooth and Mouth provided a range of services, with eight dental clinics each week.

4.102 The health care and dental team triaged patients and offered pain relief, if needed, for those waiting for an appointment. Urgent referrals were seen at the next available clinic. The average waiting time was three weeks and clinics were overbooked intentionally to counteract the 25% non-attendance rate, and this worked well.

4.103 The dental suite was modern and had a separate decontamination room. Infection control standards were met, although checklists were not used for routine cleaning. Some sterile equipment was out of date, as was the oxygen, but staff rectified this as soon as we brought it to their attention. The service had enhanced air purification capability, which reduced the risk of contamination. Equipment certifications and maintenance schedules were up to date, but some items of equipment, including the dental chair and parts for the X-ray machine, needed repair or replacement, which had an impact on the care and treatment offered. Clinical waste was disposed of appropriately.

4.104 There was a conscientious workforce, and staff received appropriate training and felt well supported. However, incident reporting arrangements were not coordinated with the wider health team, which meant that the head of health care was unaware of some equipment issues which had affected patient treatment.

Recommendation

4.105 **The dental service should make sure that all incidents are shared with the head of health care, and that parts needed for the dental chair and X-ray machine are bought and installed promptly.**

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 of terms) and are encouraged to engage in activities which support their rehabilitation.

5.1 Although the prison had moved to stage 2 of the recovery plan, far too many prisoners were still locked up for most of the day. In our survey, 62% and 76% of respondents, respectively, said that they were unlocked for under two hours a day during the week and at weekends. This was reflected in our roll checks, where around 60% of the population was locked up at any given time (see key concern and recommendation 1.62).

5.2 The amount of time unlocked varied widely across the prison. While the regime was better for those located on HB2, at around four hours a day out of cell for most, we still found a number of prisoners there to be unlocked for as little as one hour a day on some landings. For example, on J wing 'uppers', only 14 out of 72 prisoners had jobs and so the remainder were unlocked for just 30 minutes of exercise and 30 minutes of domestics time each day. We queried this during the inspection and were told by landing staff that this was accurate (see key concern and recommendation 1.62).

5.3 For many prisoners located on HB1, the regime was inadequate, with most being unlocked for just one and a half hours per day. The situation was especially poor in the early days centre, where most of those on A wing 'uppers' and B wing 'lowers' were unlocked for little more than 30 minutes a day. Some prisoners had been on this unit for several weeks, waiting to be located elsewhere in the prison. Most prisoners on the drug stabilisation unit experienced a similarly poor regime, as did those on the basic level of the incentives scheme (see key concern and recommendation 1.62).

5.4 Exercise yards were small and often cramped, with little for prisoners to do, other than walk around in circles. Exercise periods were often too short, at less than an hour, and some we observed during the inspection were less than 30 minutes. There was some association equipment in use across the prison and exercise equipment was being installed on some landings.

5.5 Gym provision was good, with up to three activities available during each of four daily sessions, with a nominal capacity of 40 for each.

There was a rota to offer each wing up to six sessions per week, but take-up was very low.

5.6 Throughout the inspection, we received complaints from employed prisoners that they were unable to access the gym. There were no sessions allocated to those at work during the day, and, with no evening sessions available for anyone, access for them was restricted to weekends, if the rota identified their wing. General access was reduced by a further one day a week, on average, because of staff shortages in the gym and the redeployment of gym staff to cover for shortages elsewhere.

5.7 The library was much smaller than we normally see; it was not affiliated to any local library service, so the stock was bought using funds from the prison's budget, with further donations made from local charity literacy groups.

5.8 Access to the library was poor. Attendance was capped at just five readers at any one time, and only to those from HB2. As prisoners on the wings could only attend and leave during the main prisoner movements to and from activities, the same prisoners had to remain in the library for the whole of the morning or afternoon session. We saw some prisoners from nearby classrooms attending, but because of the low numbers of learners in classes (see paragraph 5.11), this did not increase attendance by any notable amount.

5.9 The library staff provided an outreach service to enable prisoners from across the prison to order books, and these were delivered to them daily. Requests were made via the custodial management system (CMS) and were limited to the genre of books, rather than specific titles. A few prisoners were engaged in remote courses that were delivered via the video channel, including 'how to get published' and a sports writing course. The prison's video channel was used to broadcast audio books, as well as DVDs, and a remote book club operated, with incentives for submitting reviews.

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 key concerns and recommendations, provided in the summary section of this report, this constitutes Ofsted's assessment of what the establishment does well and what it needs to do better.

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

Overall effectiveness: Inadequate

Quality of education: Requires improvement

Behaviour and attitudes: Requires improvement

Personal development: Requires improvement

Leadership and management: Inadequate

5.11 Leaders and managers did not provide sufficient education, skills and work places. They had been over-cautious in their approach to reopening education, skills and work activities, and had therefore provided too few options for prisoners to access, with places for only 15% of them at the time of the inspection. Furthermore, many of the workshops and classrooms were under-used and had only one or two prisoners in attendance during sessions (see key concern and recommendation 1.63).

5.12 Throughout the pandemic and with a restricted regime in place, leaders had maintained an education offer through in-cell learning. Prison staff supported printing and distributing learning packs to the cells. Recently, leaders and managers had focused on reopening face-to-face lessons in classrooms, with no plan to supplement this with in-cell learning packs. As a result, a far smaller proportion of prisoners were now engaged in any education, skills or work, when compared with the earlier time of restrictions. Leaders and managers had not implemented an appropriate recovery strategy in education, skills and work to ensure a progressive increase in the number of prisoners attending these activities.

5.13 Leaders and managers gave priority of access to activity spaces to prisoners who had been sentenced or were due for release. Very few prisoners who were on remand, who made up the majority of the prison population, had access to any education, skills or work-related activities.

5.14 Within a short time of arriving at the establishment, prisoners received an induction from the education staff, and were given information on the education, skills and work that were available to them. In addition, staff were too slow in providing careers advice and guidance, which meant that prisoners applied for places on courses or in work without having received the necessary guidance on how their choices would support them with their resettlement needs.

5.15 Too many prisoners did not fully understand how the courses and work opportunities available would support their career aspirations. Staff did not communicate to them well enough about the limited curriculum pathways available. This meant that prisoners saw a list of the few courses available to them, rather than a structured pathway based on their aspirations.

5.16 Leaders and managers had provided prisoners with the ability to apply for courses and work through their in-cell CMS, allowing them to take responsibility for their own learning and work.

5.17 Leaders had ensured that the pay policy was fair, and prisoners were not disadvantaged financially for participating in education. When allocating prisoners to education, skills and work, leaders took account of their individual needs and sentence plan targets. However, too many prisoners did not attend their allocated sessions. Leaders' actions to improve this situation had been slow. As a result, education places were not fully used, further compounding the problems caused by the reduced capacity.

5.18 High levels of staff absences within the prison had had a negative impact on prisoners' progress. They were often not able to get out of their cells to go to classes because of a shortage of staff. For example, staff shortages had resulted in delays in the start of classes in English for speakers of other languages. Work on the prison grounds and the cell painting programme had also been delayed. This contributed to prisoners losing their motivation to attend education, skills or work.

5.19 Leaders and managers met often, to ensure that the education subjects offered met the needs of prisoners. They considered where most individuals would be released and the employment opportunities available in these areas. As a result, they had planned to start new courses in construction and forklift truck driving. However, because of delays in the commissioning of these courses, they had yet to start.

5.20 Leaders and managers had been slow to reintroduce accredited qualifications. For example, prisoners working in the kitchens had not completed qualifications in food safety or food hygiene, and those who had worked as wing cleaners did not have access to qualifications in industrial cleaning.

5.21 Prisoners valued the return to face-to-face education, skills and work. Those in work completed meaningful tasks that enabled them to develop the skills that would help them during their time in prison or once released. For example, the kitchen and laundry workers learned how to work effectively to meet deadlines. However, staff did not adequately recognise or record the skills that prisoners developed. Leaders and managers had recently introduced a system for recording these skills, but this was not being used in all areas.

5.22 Prisoners were respectful to each other and to staff. In lessons, they remained focused on the tasks set for them. Tutors encouraged them to support each other. For example, in mathematics lessons they

stayed in small groups to work out fractions correctly. Tutors helped individual prisoners to maintain their focus and motivation.

5.23 Tutors used a range of suitable techniques in their teaching. When planning lessons, they took into consideration what prisoners had learned already – for example, providing tailored support that helped learners to refresh their punctuation skills, despite having previously achieved their English qualification. As a result, the few prisoners who attended classes understood quickly the new topics being taught.

5.24 Tutors provided effective support for those with additional learning needs. They assessed these needs thoroughly and used this information to plan lessons accordingly. For example, prisoners with dyslexia were supported with coloured sheets to place over the text, and also line trackers, to make it easier to read. Tutors provided those with attention-deficit hyperactivity disorder with a range of 'fidget' items (small objects that help to keep their hands occupied) to help them concentrate during lessons. They used these strategies effectively, to help prisoners with additional learning needs to participate successfully in education.

5.25 Leaders and managers had a good overview of the quality of the education courses offered. However, this oversight had not been extended to activities offered by the prison, such as work. Teachers had completed a range of continuing professional development, which supported them in their jobs. However, the focus of this training was on the use of technology, with little on how they could improve their teaching skills. This had become particularly important in the return to in-person teaching, which staff had not done for a considerable period because of the restricted regime during the pandemic.

5.26 Tutors and instructors were well qualified and experienced within their subjects and vocational areas. This meant that prisoners had been helped well with developing their practical skills to a good standard. For example, the small number of prisoners in the textiles workshop had learned to use the sewing machines safely and competently. The few in the barbering class had learned how to do graduation haircuts to a good standard.

5.27 Leaders and managers were supportive towards prisoners studying for higher-level qualifications through the Open University or on other distance learning programmes, despite knowing that these individuals would not stay long enough at the prison to complete their studies.

5.28 Tutors and instructors created a calm atmosphere, where prisoners could work and learn effectively. For example, in English classes, tutors played classical music, which contributed to a conducive learning environment and helped put prisoners at ease. Their work was neat and well presented, and written work was of a high standard. The calm environment on the wings (see paragraph 3.7) enabled prisoners, particularly those on distance learning courses, to work attentively in their cells.

5.29 Prisoners on the segregation unit had limited access to education opportunities, as in-cell packs were no longer offered there. However, some were completing in-cell packs provided by other agencies, focused on substance misuse or restorative justice. Where this was taking place, education staff did not work closely enough with these agencies to support prisoners who demonstrated low levels of literacy. These individuals were not directed towards suitable English courses and did not receive the support they needed to improve the knowledge and use of English.

5.30 Tutors and instructors planned tasks that enabled prisoners to gain basic but helpful information about values of tolerance and respect. However, further work was needed to ensure that they understood the importance and relevance of this in their lives.

Recommendations

5.31 **Leaders should ensure that curriculum pathways are communicated effectively, and that prisoners receive appropriate information, advice and guidance so that they can make informed choices about their education, skills and work activities.**

5.32 **Leaders and managers should ensure that prisoners who are allocated to activities attend them.**

Section 6 Rehabilitation and release planning

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

Children and families and contact with the outside world

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

6.1 Face-to-face social visits had resumed in April 2021, as soon as restrictions had allowed. Sessions lasting one hour were available both in the morning and afternoon, seven days a week. Prisoners could have only two one-hour visits per month, irrespective of their sentencing status, which seemed particularly unfair for those who were on remand.

6.2 The take-up of visits was low. Some prisoners told us that the imposed restrictions, of attendance being limited to partners and immediate family, the lack of physical contact and the absence of children's play facilities and refreshments, had dissuaded them from booking.

6.3 The prison now permitted physical contact during a morning visit if families produced a negative COVID-19 test result, but no contact was allowed in afternoon visits, which was unreasonable. Prisoners and staff were confused by this restriction. Prisoners still had to wear identifying coloured bibs during visits, which seemed unnecessary.

6.4 The visits hall had been refurbished during the pandemic and was far less austere than previously. Both this and the visitors centre provided bright, well-prepared environments for greeting families and facilitating visits safely. Innovative efforts to install a new children's 'reading cave' were under way and there was an advanced proposal to install a sensory room in the visits area, for children with neurodiverse needs.

Visits hall

6.5 In-cell telephones were a great help in enabling prisoners to maintain family contact. The extra 10 minutes' free telephone credit per day offered by the prison during the height of the pandemic had been especially welcomed, particularly by foreign national prisoners.

6.6 The introduction of secure video calls (see Glossary of terms) had been too slow; it had only become fully functional in December 2020 – nine months after the initial suspension of social visits. Prisoners had access to two 30-minute video calls per month and the facility was reasonably well used. Staff told us that there had been a marked increase in the use of the 'email a prisoner' scheme since the start of the pandemic. A function enabling prisoners to reply to their loved ones had been introduced towards the end of 2020, and they appreciated this initiative.

6.7 Support for prisoners and families to develop and maintain relationships was limited for the majority. The range of relationship and parenting courses, clubs and family days provided before the pandemic remained suspended, and the prison's Families First team had mostly been redeployed temporarily to undertake COVID-19 testing and other prison duties.

6.8 However, creative work had taken place for some, including Families First staff distributing 'positive parenting' in-cell workbooks and writing packs; Storybook Dads (in which prisoners record stories for their children); and 'selfie' photographs to send home, all of which had been well received.

6.9 The prison's Family and Friends at the Centre of Throughcare (FACT) service had become established at the start of the pandemic and was

developing its service, offering some valuable, coordinated 'pathways out of offending' support to prisoners. However, because of the lack of resources, this could be offered to only about 20 prisoners at any one time.

Reducing risk, rehabilitation and progression

Expected outcomes: Planning for a prisoner's release starts on their arrival at the prison. Each prisoner has an allocated case manager and a custody plan designed to address their specific needs, manage risk of harm and reduce the risk of reoffending.

6.10 Leaders in the offender management unit (OMU) and reducing reoffending department had maintained good oversight of reducing reoffending work throughout the pandemic. The prison had carried out a needs analysis recently, based on a survey of around 20% of the population, which had also used data from the offender assessment system (OASys). This informed the reducing reoffending strategy, which considered the various resettlement pathways and focused on key areas of improvement. An action plan accompanied the strategy, to drive forward improvements.

6.11 The monthly reducing reoffending meeting continued to meet regularly, was well attended and demonstrated good links between the reducing reoffending team and the rest of the prison. A 'routes to release' meeting also met alongside this, to discuss emerging issues in the changes of provision and how to best manage these.

6.12 The establishment held a diverse population, with a very large turnover. Most prisoners (62%) were on remand or unsentenced – a large increase since the previous inspection. At the time of the inspection, 61 prisoners had spent over a year on remand, with the longest time being 18 months. Over three-quarters of the population had been at the prison for less than six months and 26% were serving short sentences.

6.13 The OMU was well resourced, and the team worked cohesively to deliver the core functions of the department. The prison had subcontracted offender management services to Catch 22. There were 12 Catch-22 prison offender managers (POMs), who, because of their non-operational backgrounds, were fully dedicated to their role and were never cross-deployed. Each held a caseload of around 42 prisoners. There were four probation offender managers, who each held smaller caseloads, of around eight prisoners. There was also a temporary senior probation officer, who helped with case supervision and public protection work while the permanent post was vacant; this was due to be filled soon.

6.14 As we observed in our short scrutiny visit in June 2020, POMs had maintained a good presence in the prison throughout the pandemic. During the inspection, we noted that Catch-22 POMs were highly visible across the prison, and observed some face-to-face sessions

between POMs and prisoners taking place on the wings. POMs also used in-cell telephones to supplement this contact where necessary, to provide prisoners with updates on referrals and to arrange appointments. Prisoners received more face-to-face support from their POM than we had seen recently in other prisons.

6.15 Although at least 35% of the sentenced population had been assessed as presenting a high risk of harm, not all such prisoners were managed by probation offender managers. There was a co-working model, whereby Catch-22 POMs held some of the high-risk cases, supported by probation offender managers. We were not always confident that this was the most appropriate allocation.

6.16 Following reconfiguration of the prison to hold more remand prisoners, there were now only 30 prisoners who were eligible for an OASys assessment – a reduction since the previous inspection. All assessments were up to date, and initial interviews took place face to face with POMs within the correct timeframes. In our survey, 19% of respondents said that they had a custody plan, and 83% of these said that they understood what they needed to do to achieve their targets. Most prisoners that we interviewed were aware of their sentence plan and had a reasonable understanding of their targets.

6.17 The prison managed home detention curfew (HDC) processes reasonably well, although almost a third of prisoners were released late, often for reasons outside the control of the prison. In the previous six months, 61 prisoners had been held at the establishment beyond their HDC eligibility date, with the longest delay being four months. Some delays were caused by slow responses from external community offender managers or problems in sourcing suitable accommodation. The prison tried to progress applications and escalated cases when necessary.

6.18 At the time of the inspection, 26 prisoners were serving life sentences, including 18 who were subject to an indeterminate sentence for public protection (IPP). Some IPP prisoners had been recalled and were waiting for transfer to other suitable establishments, and some were subject to a ‘parole hold’ before they could move on. For those serving a life sentence, the provision and support available were too limited; lifer forums and peer mentors were no longer available and there was no additional support for those on remand who were likely to receive a life sentence.

Public protection

6.19 Public protection arrangements were generally robust and the monthly inter-departmental risk management team meeting, chaired by the senior probation officer, was effective at managing high-risk prisoners before release. There was an appropriate focus on prisoners who were subject to multi-agency public protection arrangements (MAPPA). There was evidence of reasonable attendance and contributions from other departments, such as security, and community offender managers were able to dial in using call conferencing, if necessary.

This meant that communication and information sharing between the prison and the community were effective.

6.20 The MAPPA-F (offender information sharing report) contributions that we reviewed were of a reasonable quality. They contained relevant and useful information to inform the community meetings and were signed off appropriately by a manager.

6.21 There was good oversight and management of prisoners who posed a risk to children, and 116 prisoners were currently subject to child contact restrictions. A fortnightly meeting discussed those prisoners, often new arrivals, who might potentially be subject to these restrictions, and also made sure that those who were subject to contact restrictions had reviews completed in the correct timeframes.

6.22 Although systems to monitor prisoners' telephone calls were not in line with the Her Majesty's Prison and Probation Service (HMPPS) public protection manual, cases were reviewed, and some were subject to random monitoring. There were three prisoners subject to both mail and telephone monitoring at the time of the inspection; all of their calls had been listened to and monitoring logs were up to date.

Categorisation and transfers

6.23 There was a backlog in initial categorisations, and at the time of the inspection 140 prisoners were uncategorised. This was because the computer used to access the police national computer database had been broken for around eight weeks and was waiting for repair. Once completed, initial categorisations were backdated, to make sure that prisoners received a review in the correct timeframe. Categorisation reviews were well informed, with good analysis of risk. However, they were not completed face to face, which risked missing potentially important information and was a missed opportunity to motivate and support prisoners.

6.24 Most prisoners could transfer to other prisons in enough time to enable sentence progression, and there had been 578 transfers to other prisons in the last six months. Links between the OMU and other departments were well established, to make sure that relevant information was shared before the prisoner moved.

6.25 However, a small number of prisoners who were assessed as suitable for open conditions experienced delays in transferring, which caused them frustration. At the time of the inspection, there were seven such prisoners, one of whom had been waiting for over five months. The prison had escalated its concerns to the population management unit within HMPPS, but this had not yet resulted in any action to enable better outcomes for these category D prisoners.

Interventions

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

6.26 As a local prison, Thameside did not provide any accredited offending behaviour programmes. Despite this, we found an unusually good range of other support available for sentenced prisoners. Catch 22 had provided in-cell workbooks, focusing on topics such as goal setting, identity and managing emotions, which had been well used, with an excellent return rate; since December 2020, 619 in-cell packs had been issued and 601 had been returned. Catch-22 POMs also provided some prisoners with face-to-face feedback on their work, to explore issues further and acknowledge progress. Prisoners we spoke to described these workbooks as 'thought provoking' and 'a useful pastime', especially when there was a lack of time out of cell (see section on time out of cell).

6.27 In our survey, 33% of respondents said that they had done an offending behaviour programme, and 33% that they had done other programmes; in both cases, 100% of them said that this had helped them to achieve their objectives or targets.

6.28 The psychology department provided some case management support to probation offender managers and had also developed a bespoke equine intervention for young adults (see also paragraph 4.41). Eleven young adults (aged 18–25) had completed this intervention, with some promising results from subsequent psychometric testing. The prison planned to run this again in March 2022.

6.29 An intervention called 'Rehabilitation offering another direction' had resumed face-to-face group work since the easing of the restrictions. Each month, around six prisoners could complete the programme, which focused on topics such as consequential thinking, stereotypes and peer pressure. The service had also provided some one-to-one support, as well as in-cell packs. The intervention was starting to monitor and track outcomes in relation to behaviour and attitudes in custody, but it was too early to assess the long-term outcomes of this work.

Release planning

Expected outcomes: The specific reintegration needs of individual prisoners are met through an individual multi-agency plan to maximise the likelihood of successful reintegration into the community.

6.30 The demand for help with resettlement services was high, with an average of 258 prisoners released from the prison each month. In our survey, 30% of respondents said that they expected to be released in the next three months and of these, 41% said that someone was

helping to prepare them for release. Furthermore, 77% of these prisoners reported needing help with arranging accommodation, finding employment and sorting out finances. However, only around a quarter said that they were getting the help they needed before release.

6.31 Too many prisoners were released without a suitable or sustainable address to go to, and data collection to monitor this issue was poor. Data held on HMPPS recording systems found that, over the last 12 months, just over half (53%) of prisoners leaving Thameside had had accommodation on the first night of release. This was similar to the figure in the prison's own needs analysis, which found that only 44% had had accommodation arranged for their release.

6.32 Since June 2021, support with accommodation (for sentenced prisoners only) had been provided by St Mungo's, whose data showed that, since this date, around three-quarters of the prisoners they had worked with had left the establishment with a housing appointment arranged in the community. However, there were no data available to establish the long-term sustainability of accommodation following release.

6.33 As a result of changes in the delivery of resettlement services following unification of the probation service, the remand population no longer received support with housing or issues relating to finance, benefit and debt. This left the large number of remand prisoners without support to secure tenancies or deal with rent arrears. Many of the remanded prisoners we spoke to said that they felt anxious about their accommodation after release (see key concern and recommendation 1.64). To address these serious deficits, leaders had recently engaged with housing teams in the London boroughs of Croydon and Lambeth, to facilitate housing assessments for prisoners before release. As a result, a small number of prisoners had gained access to temporary accommodation on release.

6.34 There was too little basic practical support available for prisoners on the day of release. In addition, as a result of delays in receiving new arrivals from court, this sometimes meant that prisoners who had been bailed from a video-link appearance at court were released from the establishment late in the day. In the week before the inspection, four prisoners had been released at 8pm. The prison had provided taxis for some vulnerable prisoners, to take them to their approved premises or probation appointments in the community.

Section 7 Recommendations in this report

The following is a list of repeated and new concerns and recommendations in this report.

Key concerns and recommendations

7.1 Key concern 1.58: We found many areas of weakness in the early days arrangements. The unwelcoming reception area was bare, grubby and austere. Holding rooms contained graffiti and there was nothing to occupy prisoners while they waited, often for a long time. The quality of initial safety interviews, which were not held in private, was poor, and we were not confident that individuals' risks had been assessed sufficiently. Not all prisoners received additional checks during their first night, and their regime was poor, with most spending over 23 hours a day locked in their cell, for at least 14 days, which was excessive. Many told us that they had not been able to make a telephone call in their early days at the prison, and not all new arrivals received a comprehensive induction.

Recommendation: All aspects of prisoners' arrival at the establishment should be safe and decent, and include a thorough, private assessment of their needs and access to a comprehensive induction.
(To the director)

7.2 Key concern 1.59: Governance of use of force remained poor. Some reports lacked detail and sufficient justification. Use of force instructors told us that they no longer had sufficient time to scrutinise video footage of incidents. They could not produce data on the number of cases they had reviewed, but we were told that in recent months this had been very low. An administrator looked at footage for a small number of incidents, but she was not trained for the role. We were told that she would refer any concerning incidents to managers, but there was no record of any referral being made.

Recommendation: There should be routine, documented scrutiny of video footage of use of force incidents by suitably qualified staff, with effective management oversight.
(To the director)

7.3 Key concern 1.60: There had been an increase in the number of mentally unwell prisoners being sent to the establishment since the beginning of the pandemic. The number of referrals to mental health facilities under the Mental Health Act had doubled during this time, and, despite escalation and good work by the Mental Health Act coordinator, too many transfers exceeded the 28-day guidelines. During the previous six months, 36 patients had been referred, with 14 being transferred within the timeframe and 20 waiting long periods, with the longest wait being 113 days, which was unacceptable.

Recommendation: The local delivery board, in conjunction with NHS England and Improvement, should make sure that patients requiring transfer to hospital are transferred within the national guideline of 28 days.
(To HMPPS and the director)

7.4 Key concern 1.61: We found weaknesses in the management of medicines, leading to delays in prisoners receiving their prescribed medication. This included patients experiencing gaps with repeat prescriptions and delays in receiving their in-possession medication. Several medicine cabinets were disorganised, with medicines for some patients being stored in two locations. There were delays in medication queries being raised with the pharmacy, contributing to patients being left without medication. Some risk assessments for in-possession medicines had not been updated when circumstances changed. The inconsistent management of the medicine queues by officers led to protracted medicine administration times and also posed a risk for bullying and diversion.

Recommendation: The local delivery board should make sure that robust procedures are in place, so that patients receive their medication in a timely and safe manner, including good supervision by officers.
(To the director)

7.5 Key concern 1.62: Although the prison had moved to stage 2 of the recovery plan, the amount of time unlocked for too many prisoners remained poor, at between 30 and 90 minutes per day. Time in the open air was also limited for too many.

Recommendation A: Leaders should increase time unlocked as a matter of urgency.
(To the director)

Recommendation B: Leaders should provide an hour's access to the open air.
(To the director)

7.6 Key concern 1.63: Leaders and managers had been too slow to reopen much of the work and vocational training for prisoners, leaving too many of them with nothing purposeful to do to fill their time.

Recommendation: Leaders and managers should ensure that there are sufficient education, skills and work opportunities available to all prisoners.
(To the director)

7.7 Key concern 1.64: A large proportion of the population (62%) was on remand or unsentenced – a large increase since the previous inspection. Due to changes in the delivery of resettlement services following unification of probation services, the remand population no longer received support with housing or issues relating to finance, benefit and debt. This left them without support to secure tenancies or

deal with rent arrears. Many prisoners we spoke to reported feeling anxious and concerned about their accommodation after release.

Recommendation: Leaders should make sure that there is effective housing support for all prisoners, including those on remand.
(To HMPPS and the director)

Recommendations

7.8 Recommendation 3.19: Challenge, support and intervention plans should be tailored to individual need, and monitoring should evidence meaningful engagement with the prisoner.
(To the director)

7.9 Recommendation 3.37: Subject to risk assessment, segregated prisoners should be able to collect their meals from the servery, exercise together and have access to suitable regime activities. (Repeated recommendation 1.53)
(To the director)

7.10 Recommendation 3.50: Assessment, care in custody and teamwork (ACCT) documents should be completed comprehensively, with coherent and complete action plans and all summaries and observations filled out.
(To the director)

7.11 Recommendation 4.6: The key worker scheme should be applied consistently, with regular interaction that should be recorded fully in prisoners' electronic case notes.
(To the director)

7.12 Recommendation 4.13: Remand prisoners should not share cells with convicted prisoners.
(To the director)

7.13 Recommendation 4.14: The prison should make sure that all prisoners are able to access the custodial management system regularly and that the in-cell technology is repaired promptly when broken.
(To the director)

7.14 Recommendation 4.15: Cell call bells throughout the prison should be answered within five minutes. (Repeated recommendation 2.8)
(To the director)

7.15 Recommendation 4.34: Leaders should make sure that equality and diversity work has sufficient oversight, resourcing and profile, so that they can understand and address the experiences and support needs of prisoners from protected groups.
(To the director)

7.16 Recommendation 4.45: Foreign national prisoners and detainees should have timely access to information, help and face-to-face support.
(To the director)

7.17 Recommendation 4.61: Responses to health care complaints should be polite, timely, address the issues identified and indicate how to escalate concerns if the complainant is not satisfied with the response they receive.
(To the director)

7.18 Recommendation 4.62: All clinical environments should comply with infection control standards.
(To the director)

7.19 Recommendation 4.94: There should be an integrated substance misuse record on SystmOne to provide a unified view of the patient and enable all practitioners easily to share information on risk and progress.
(To the director)

7.20 Recommendation 4.105: The dental service should make sure that all incidents are shared with the head of health care, and that parts needed for the dental chair and X-ray machine are bought and installed promptly.
(To the director)

7.21 Recommendation 5.31: Leaders should ensure that curriculum pathways are communicated effectively, and that prisoners receive appropriate information, advice and guidance so that they can make informed choices about their education, skills and work activities.
(To the director)

7.22 Recommendation 5.32: Leaders and managers should ensure that prisoners who are allocated to activities attend them.
(To the director)

Section 8 Progress on recommendations from the last full inspection report

Recommendations from the last full inspection

The following is a summary of the main findings from the last full inspection report and a list of all the recommendations made, organised under the four tests of a healthy prison. If a recommendation has been repeated in the main report, its new paragraph number is also provided.

Safety

Prisoners, particularly the most vulnerable, are held safely.

At the last inspection, in 2017, initial risk assessment of new prisoners was not always robust, but early days peer support was good and induction was thorough. There was good work to manage violence, and the prison was well ordered. There was a significant level of self-harm but there had been strong action to address Prisons and Probation Ombudsman (PPO) recommendations following deaths in custody. Safeguarding procedures were very good. With some exceptions, security was proportionate. There was significant drug use but a robust approach to supply reduction was in place. Governance of use of force was weak. Most prisoners spent only short periods in the segregation unit. Substance misuse services were generally good. Outcomes for prisoners were reasonably good against this healthy prison test.

Key recommendations

There should be effective management oversight of the use of force. Every incident should be comprehensively documented to demonstrate that it is used legitimately and proportionately. All planned interventions should be recorded and subject to management review.
Not achieved

Recommendations

Escort vehicles should be clean, and prisoners should be transferred to the prison shortly after their court appearance. (1.4)
Achieved

The reception area should be more welcoming, and new arrivals should be given a range of information. (1.10)
Not achieved

Telephone numbers for new arrivals should be added to the system without delay. (1.11)
Not achieved

New arrivals should have a thorough first night interview that focuses on risk and vulnerability and takes place in private; they should then be located in clean cells in a good state of repair. (1.12)
Not achieved

Assessment, care in custody and teamwork (ACCT) documentation should demonstrate consistent care for prisoners at risk of self-harm. Support arrangements should include good quality care planning and multidisciplinary reviews. (1.25)
Not achieved

The prison should investigate and take action to address prisoners' negative response in our survey about access to Listeners. (1.26)
Partially achieved

Prisoners should only be strip or squat searched following a written, individual risk assessment. Paperwork authorising such searches should be completed in full. (1.36)
Not achieved

Periods of segregation, searching and monitoring of those suspected of secreting illicit items should be implemented for the shortest possible time in individual cases. (1.37)
Achieved

Drug testing should be conducted on every day of the week to reduce the programme's predictability. (1.38)
Not achieved

Adjudication hearings should be properly prepared. Reporting officers should produce good quality paperwork with the appropriate charges, and attend all hearings. Telephone interpreting should be used for prisoners who cannot understand English. (1.43)
Achieved

Subject to risk assessment, segregated prisoners should be able to collect their meals from the servery, exercise together and have access to suitable regime activities. (1.53)
Not achieved (recommendation repeated, 3.38)

The drug strategy committee should be relaunched, with attendance required from the managers of all relevant departments. (1.61)
Achieved

The Turning Point psychosocial team should have access to the SystmOne medical records database to aid the integration of drug and alcohol treatment provision. (1.62)
Partially achieved

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection, in 2017, the prison was generally clean and provided some very good facilities that were highly valued by prisoners. Staff-prisoner relationships were good. There were some positive elements of diversity work, but management structures had lapsed until recently. Faith provision was very good. Prisoners had little confidence in the complaints system and some responses were poor. Health services were unable to meet need and prisoners had significant problems in accessing the provision. The quality of food was good. Outcomes for prisoners were reasonably good against this healthy prison test.

Key recommendations

Management and oversight of diversity work should be prioritised at a senior level to ensure that the needs of all prisoners from minority groups are identified, assessed and addressed, and to understand any negative perceptions. Discrimination incident reports should be fully investigated, and there should be appropriate governance and assurance of the system.
Not achieved

Prisoners should have prompt access to health services and prescribed medications. Staffing in the health care centre should be adequate to meet prisoner need.
Partially achieved

Recommendations

Remand prisoners should not share cells with convicted prisoners, and young adults should not share with adult prisoners. (2.7)
Not achieved

Cell call bells throughout the prison should be answered within five minutes. (2.8)
Not achieved (recommendation repeated, 4.15)

Applications should be responded to in full and subject to quality assurance; communications sent through the custodial management system should be in a range of languages. (2.9)
Partially achieved

Prisoners should be able to keep or store the property that arrives with them. (2.10)
Not achieved

Staff should maintain professional boundaries with prisoners and encourage and promote positive prisoner behaviour. (2.14)
Achieved

The personal officer scheme should be applied consistently with regular interaction between personal officers and prisoners that should be recorded in prisoners' electronic case notes. (2.15)
Not achieved

There should be prompt action to deal with issues arising from the prisoner consultative committee. (2.16)
Partially achieved

Responses to prisoner complaints should address the issues raised, demonstrate sufficient enquiry and be written in a polite and professional way. There should be regular quality assurance of all complaints, including confidential access complaints. (2.33)
Partially achieved

Eligible prisoners should be assisted and encouraged to exercise their right to vote. (2.35)
Not achieved

There should be a separate health complaints process that is confidential and well-advertised, and all responses should be prompt and address the issues raised. (2.45)
Partially achieved

There should be effective monitoring to ensure that all emergency resuscitation equipment, including emergency medication, is in good order. (2.46)
Achieved

Prisoners with lifelong health conditions should receive regular reviews from appropriately trained and supervised staff, which generate an evidence-based care plan for them. (2.54)
Partially achieved

The health care centre should have additional CMS terminals to process applications and make use of the in-house X-ray facilities. (2.55)
Achieved

Pharmacy facilities should be adequate to meet the needs of the increased population and provide a suitable area for staff to work in. (2.64)
Achieved

Prescribing of medicines, and administration times, should optimise therapeutic effect. (2.65, repeated recommendation 2.78)
Partially achieved

Custody staff should supervise all medicines administration to ensure patient confidentiality and prevent medications diversion, and prisoners should have secure in-cell storage for their medication. (2.66)
Not achieved

The storage facilities for medicines should be monitored, and medicines should be stored within the correct temperature range. (2.67)
Achieved

The transfer of patients to hospital under the Mental Health Act should occur within agreed Department of Health timescales. (2.75)
Not achieved

There should be a memorandum of understanding and information sharing agreement between agencies to outline appropriate joint service working on social care. (2.79)
Achieved

Meals should be served at the advertised time, and prisoners should be provided with an adequate breakfast on the day it is to be eaten. (2.83)
Partially achieved

The prison shop list should include healthy food options. (2.87)
Not achieved

There should be immediate steps to eradicate vermin and pests from the prison shop storage and packing areas, and an effective ongoing pest control plan. (2.88)
Achieved

Purposeful activity

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

At the last inspection, in 2017, time out of cell was reasonable for most prisoners but a significant number were locked up for too long. There were insufficient activity places and attendance was not good enough. The quality of education and other aspects of learning and skills had improved and was reasonably good. However, management, quality of provision and outcomes in prison-led activities required improvement. Library and PE provision were good. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Key recommendations

The range, quality and accreditation of prison work should be substantially increased to improve prisoners' employment prospects on their release.
Not achieved

Recommendations

Senior prison managers should have sufficient detailed information about the prison's contract with the education provider to modify the education and training provision to enable prisoners' successful resettlement. (3.11)
Partially achieved

All prisoners should have access to evening association and one hour of outdoor exercise a day. (3.4)
Not achieved

The prison should develop robust arrangements to evaluate the quality of training and assessment in prison workshops. (3.12)
Not achieved

The range of work and training activities for prisoners should better reflect job opportunities in the community. All prisoners in employment should be fully occupied and appropriately challenged by their work. (3.17)
Achieved

The prison should work with Novus to provide sufficient courses in English and mathematics, and better promote the importance of qualifications in these subjects to prisoners. (3.18)
Partially achieved

Instructors should better integrate English and mathematics into their sessions, and both instructors and tutors should set prisoners clear, meaningful and challenging targets, and record and monitor their progress. (3.25)
Partially achieved

Managers should ensure that prisoners attend their allocated activities. (3.27)
Not achieved

There should be effective planning to ensure that prisoners who start courses are able to complete them. (3.32)
Partially achieved

All prisoners working in the gym should have access to a range of appropriate qualifications. (3.41)
Not achieved

Resettlement

Prisoners are prepared for their release back into the community and effectively helped to reduce the likelihood of reoffending.

At the last inspection, in 2017, management of resettlement was good. Offender management was better than we often see, and the quality of OASys (offender assessment system) assessments was reasonable. There had been serious delays with home detention curfew (HDC) assessments. There was good work with indeterminate sentence prisoners. Initial public protection screening was robust but there were weaknesses in subsequent processes. Recategorisation was reasonably efficient. Resettlement planning and work were generally good. There was some very good work to support families. The visits environment was adequate. Outcomes for prisoners were reasonably good against this healthy prison test.

Recommendations

All relevant prisoners should have an OASys assessment and sentence plan completed promptly. (4.9)
Achieved

The prisoner needs analysis should incorporate offending behaviour data and inform a current action plan. (4.3)
Achieved

The allocation and completion of in-cell workbooks should be adequately linked to offending behaviour need and sentence planning. (4.10)
Achieved

Home detention curfew decisions should be timely. (4.11)
Not achieved

Public protection risk management arrangements, incorporating interdepartmental risk management meetings and multi-agency public protection arrangements (MAPPA) frameworks, should be sufficiently robust and have input from all relevant departments, including security. (4.14)
Achieved

The offender management unit should be active in ensuring that external offender managers confirm a prisoner's MAPPA level at least six months before his release. (4.15)
Achieved

There should be more effective communication between the custody office and the OMU to ensure that prisoners are kept informed about progress on their transfers and other processes. (4.19)
Achieved

The number of prisoners released without accommodation should be significantly reduced. (4.24)
Not achieved

Seating in the visitors' area should be comfortable and less austere, the children's play area should be better equipped to occupy children, and prisoners should not have to wear identifying bibs during visits. (4.39)
Partially achieved

Appendix I About our inspections and reports

Her Majesty's 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, police and 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.

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

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

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.

Recommendations: will require significant change and/or new or redirected resources, so are not immediately achievable, and will be reviewed for implementation at future inspections.

Examples of notable positive practice: innovative work or practice that leads to particularly good outcomes from which other establishments may be able to learn. Inspectors look for evidence of good outcomes for prisoners; original, creative or particularly effective approaches to problem-solving or achieving the desired goal; and how other establishments could learn from or replicate the practice.

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

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

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

This report

This report provides a summary of our inspection findings against the four healthy prison tests. There then follow four sections each containing a detailed account of our findings against our *Expectations. Criteria for assessing the treatment of and conditions for men in prisons* (Version 5, 2017) (available on

our website at https://www.justiceinspectorates.gov.uk/hmiprisons/our-expectations/prison-expectations/). The reference numbers at the end of some recommendations indicate that they are repeated and provide the paragraph location of the previous recommendation in the last report. Section 7 lists all recommendations made in the report. Section 8 lists the recommendations from the previous full inspection (and scrutiny visit where relevant), and our assessment of whether they have been achieved.

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

Inspection team

This inspection was carried out by:

Charlie Taylor	Chief Inspector
Sara Pennington	Team leader
Jade Richards	Inspector
Rebecca Mavin	Inspector
Sumayyah Hassam	Inspector
Paul Rowlands	Inspector
Deri Hughes-Roberts	Inspector
Rebecca Stanbury	Inspector
Caroline Wright	Inspector
Alice Oddy	Inspector
Becky Duffield	Researcher
Helen Ranns	Researcher
Holly Tunson	Researcher
Isabella Raucci	Researcher
Maureen Jamieson	Lead health and social care inspector
Tania Osborne	Health and social care inspector
Peter Gibbs	GPhC
Bev Gray	Care Quality Commission inspector
Steve Lambert	Ofsted inspector
Jane Hughes	Ofsted inspector
Rebecca Jennings	Ofsted inspector
Sambit Sen	Ofsted inspector
Montse Perez Parent	Ofsted inspector
Mike Sheridon	Ofsted inspector
Gayle Saundry	Ofsted inspector
Rieks Drijver	Ofsted inspector

Appendix II 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/

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

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

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

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

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

Offender management in custody (OMiC)
The Offender Management in Custody (OMiC) model, being rolled out across the closed male prison estate, 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).

Recovery plan
Recovery plans are published by HMPPS and aim to ensure consistency in decision-making by governors, by setting out the requirements that must be met for prisons to move from the most restricted regime (4) to the least (1) as they ease COVID-19 restrictions.

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

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

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

Appendix III Care Quality Commission Requirement Notice

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 Thameside was jointly undertaken by the CQC and HMI Prisons under a memorandum of understanding agreement between the agencies (see https://www.justiceinspectorates.gov.uk/hmiprisons/about-hmi-prisons/working-with-partners/). The Care Quality Commission issued 'requirement to improve' notice/s following this inspection.

Requirement Notices

Provider

Oxleas NHS Foundation Trust

Location

HMP Thameside

Location ID

RPGHR

Regulated activities

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

Action we have told the provider to take

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

Regulation 12 (1)(2)(f)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

(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—

(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.

How the regulation was not being met

There were delays in administering some routine medicines and some patients were given medicines for another patient.

There were delays in administering some prisoners with medication. Five prisoners missed one or more doses of medication to treat either a physical or mental health condition.

Staff did not always administer medication to patients which was meant for them. During the month of May 2021 one patient was given the medication for another patient following an error in checking identity cards which resulted in a precautionary A&E attendance. During the inspection in November 2021 inspectors witnessed a staff member knowingly administer medication which belonged to another patient.

Regulation 16 (1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

(1) Any complaint received must be investigated and necessary and proportionate action must be taken in response to any failure identified by the complaint or investigation.

(2) The registered person must establish and operate effectively an accessible system for identifying, receiving, recording, handling and responding to complaints by service users and other persons in relation to the carrying on of the regulated activity.

How the regulation was not being met

Patients who had been released or transferred did not receive a response to their complaint. Some of the complaints we reviewed had not been investigated, were incomplete and lacked any concern or understanding for what the patient may be experiencing. There was no information contained within the response to advise patient's what action they could take should they be dissatisfied with the response.

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: http://www.justiceinspectorates.gov.uk/hmiprisons/

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