Report on an announced inspection of

Isle of Man Prison

by HM Chief Inspector of Prisons

27 February – 10 March 2023

Contents

Introduction

The Isle of Man is a distinct jurisdiction from England and Wales, and we therefore inspect the island's prison at the invitation of the Isle of Man authorities. I am grateful for that invitation and for the opportunity to engage with colleagues on the Isle of Man, and report publicly on the treatment and conditions experienced by those held in the prison at Jurby. This is our second visit to this modern institution, which was opened in 2008; our first was in 2011. At the time of this inspection, there were 90 prisoners, four of whom were women held on the separate D wing.

In making judgements about a prison, we look at the various outcomes experienced by those in custody, assessing them under our four tests of a healthy prison. We also provide a narrative judgement about the quality of leadership in the jail. Overall, while we found the prison to be reasonably respectful, outcomes in our tests for safety, purposeful activity and rehabilitation and release planning required improvement, and the approach adopted by leaders in the prison needed to be more effective.

Prisoners were generally well received into the prison and their risks properly assessed, although some responses to risk were disproportionate. Violence and antisocial behaviour were comparatively rare, but structures to support good behaviour were unsophisticated and informal. The use of force by staff was higher than we expected given the limited violence, and data collection, oversight, and arrangements to support accountability were poor, when they existed at all. No prisoners were segregated during our inspection, but nearly a quarter of respondents to our survey indicated they had been at some point in the past, although again record keeping, and systems of accountability barely existed. It was particularly concerning to find unfurnished 'special' accommodation being used more than we would expect, often for those who were experiencing a self-harm crisis, which was very poor practice. In general, recorded self-harm was relatively minor, but there had been three self-inflicted deaths in recent times. These deaths needed full, independent investigation, and we were assured by the Island authorities that steps would be taken to implement this. The prison's approach to reducing self-harm lacked focus on care for the individual, promotion of well-being and accountability, and was characterised by responses that were often reactive and disproportionate.

The quality of staff-prisoner relationships remained a strength of the prison. In our survey, 84% of respondents told us that staff treated them with respect, and despite the very small community from which staff and prisoners came, they managed professional boundaries very well. Living conditions and prisoners' access to services were both good, but there was limited promotion of diversity and equality. A small number of women were held separately on a self-contained unit and although they were quite isolated, they were treated well and had mostly fair access to amenities. The physical security of the institution seemed sound but procedural security and many practices, in keeping with so much that we saw, were often reactive and disproportionate, and subject to supervision and structures of accountability that were either weak or non-existent.

The amount of time out of cell for most prisoners remained limited, at between six and eight hours a day. The majority of activity happened in the morning, and the prison was locked down by 5.15pm each afternoon. Although most prisoners were allocated to a work or education placement, the actual requirements on them were limited, and they were seriously underemployed. The demographics of a small prison, located in a compact island community, presented both opportunities and challenges in helping prisoners not to reoffend. Leaders made use of local connections with employers in preparation for release, but the individual assessments, both for day release and for risk management following release, did not focus enough on analysing and managing the risk of harm to other people. There was a lack of interventions to help those serving shorter sentences to avoid reoffending, but a promising programme was about to start for some serving longer sentences.

The Isle of Man prison is, for the most part, a settled institution where relationships between staff and prisoners are good, and prisoners experience decent conditions. That said, there were many missed opportunities and poor systems of accountability, and staff morale was surprisingly low. Decision-making was often reactive, not evidence-based, and too often led to needless disproportionality. Better oversight, based on data and best practice and supported by accountable management structures, were a pre-requisite for progress.

Charlie Taylor
HM Chief Inspector of Prisons
March 2023

What needs to improve at Isle of Man Prison

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

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

Priority concerns

1. **Governance and oversight of many critically important areas of accountability – for example, use of force, segregation and safeguarding – were weak.** The collection, monitoring and analysis of data was very limited, if it occurred at all. There were few forums to provide proper oversight, and arrangements to support accountability were virtually non-existent.

2. **The treatment of prisoners at risk of suicide and self-harm was inadequate. Interventions or responses were often disproportionate and too often lacked sufficient focus on care for individuals or their well-being.** For example, the use of segregation, and especially special unfurnished cells, was inappropriate for people in crisis.

3. **The clinical governance of health services was weak in some areas of service delivery**. Staff support and development, clinical audit and information management were undeveloped, leading to gaps in the provision of primary care for long-term conditions and mental health.

4. **The prison's regime and, in particular, the education, work and training on offer, did not sufficiently prepare prisoners for employment after release.** In education, there were not enough practical courses, and none of the prison jobs offered training, realistic work conditions or accreditation of skills.

5. **Public protection arrangements were not robust.** The assessment and management of the risk of serious harm to others were poor. Often, neither risk management plans nor information about offending behaviour were on record to support safe management of individuals in custody or after release.

6. **The lack of offence-focused interventions meant that most prisoners were released without addressing their offending behaviour or risk of harm to others. This included some serving long sentences for serious offences.**

Key concerns

7. **Newly arrived male prisoners were held in conditions that were unnecessarily intrusive and restrictive.** Regardless of risk, prisoners were subject to 30-minute observations in cells, with constant video monitoring for the first 24 hours. They were also kept locked up excessively in their early days at the prison.

8. **There were insufficient safeguards to protect the well-being of prisoners placed in segregation.** Documentation to authorise and account for segregation was not always completed by managers or health care staff, and oversight of extreme measures such as special accommodation was especially poor.

9. **Many security procedures were disproportionate to the risk posed and were needlessly restrictive.** For example, frequent strip-searching of some prisoners was unjustified and excessive, and certain items were banned for reasons not based on any sensible analysis of risk.

10. **The prison needed to do much more to promote equality and diversity.** There was a lack of adequate oversight or consultation, and hardly any effort to affirm and support minority groups.

11. **The professional oversight and management of medicines optimisation and pharmacy services were inadequate.**

12. **Most prisoners spent very little time in the education, work or activity placement to which they had been allocated.** Many prisoners whom the prison considered to be employed full-time were actually occupied for only 13.5 hours per week.

13. **Not all prisoners were assessed for literacy and numeracy on arrival.** Managers did not have sufficient information on the educational needs of the population on which to base curriculum plans.

14. **Much more needed to be done to promote and strengthen family ties.** Visits were well run, but there were too few initiatives to encourage family contact, or for example, parenting skills.

About Isle of Man Prison

Task of the prison

The Isle of Man Prison Service serves the public by keeping in custody those committed by the courts. Its duty is to keep prisoners in custody, maintain order and control, treat prisoners with dignity, fairness and respect, and provide opportunities to help them lead law-abiding lives after release.

Prisoners will serve their complete sentences in this establishment, unless they request a transfer to their home country (in most cases, the north-west of England) or they are serving a life sentence, in which case they will be compulsorily transferred to a prison in England or Wales, determined by HM Prison Service authorities.

Certified normal accommodation and operational capacity (see Glossary)

Prisoners held at the time of inspection: 90
Baseline certified normal capacity: 138
In-use certified normal capacity: 138
Operational capacity: 138

Population of the prison

- 124 new receptions were received into custody in 2022 (averaging 10 per month).
- There was one foreign national prisoner.
- Just under 6% of prisoners were from black and minority ethnic backgrounds.
- 33% of prisoners were under the age of 30.
- 3% of prisoners were female.

Prison status (public or private) and key providers

Public

Physical health provider: Manx Care
Mental health provider: Manx Care
Dental provider: Manx Care
Substance misuse treatment provider: Manx Care
Prison education framework provider: University College Isle of Man
Escort contractor: Bidvest Noonan

Brief history

The Isle of Man Prison is a purpose-built (to category B standards) secure establishment, designed to accommodate all those sent to prison by the courts on the Isle of Man or detained on the authority of immigration officers. The prison became operational in August 2008.

Short description of residential units

A wing – Adult and young male prisoners, 42 cells
B wing – Adult and young male prisoners, 42 cells
C wing – Vulnerable prisoners, 26 cells

D wing – Adult and young female prisoners, 15 cells
F wing – Induction unit and resettlement day release male prisoners, 16 cells

Name of governor and date in post
Leroy Bonnick, June 2021

Changes of governor since the last inspection
Alison Gomme, 2008–2015
Bob McColm, 2015–2020
Leroy Bonnick (acting governor), 2020–21

Independent Monitoring Board chair
Bob Ringham

Date of last inspection
14–18 March 2011

Section 1 Summary of key findings

Outcomes for prisoners

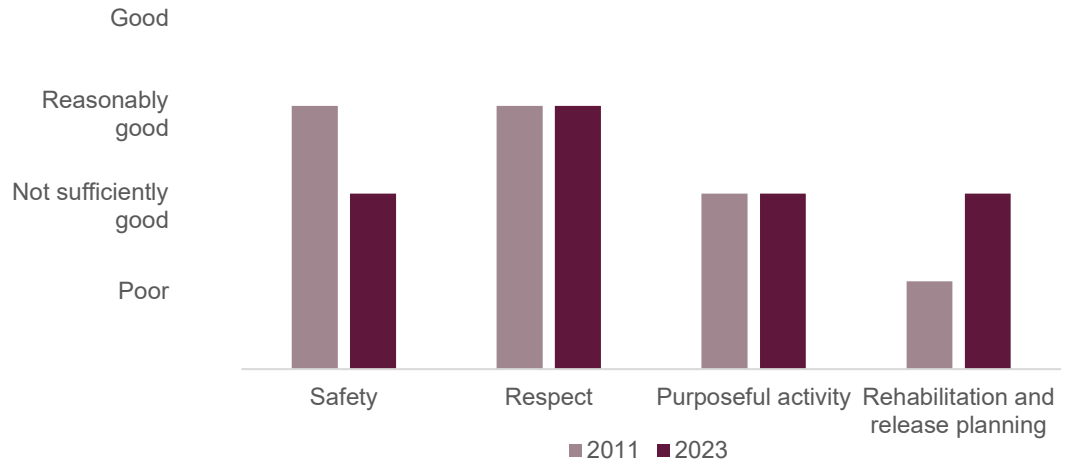
1.1 We assess outcomes for prisoners against four healthy prison tests: safety, respect, purposeful activity, and rehabilitation and release planning (see Appendix I for more information about the tests). We also include a commentary on leadership in the prison (see Section 2).

1.2 At this inspection of Isle of Man, we found that outcomes for prisoners were:

- not sufficiently good for safety
- reasonably good for respect
- not sufficiently good for purposeful activity
- not sufficiently good for rehabilitation and release planning.

1.3 We last inspected Isle of Man Prison in 2011. Figure 1 shows how outcomes for prisoners have changed since the last inspection.

Figure 1: Isle of Man Prison prisoner outcomes by healthy prison area, 2011 and 2023



Notable positive practice

1.4 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.

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

1.6 Young people transferring to the prison from the secure training centre on the island at age 18 were given careful support through the transition, with preparatory visits and interviews. (See paragraph 4.23)

1.7 We saw compassionate end-of-life care by the prison and health care staff. (See paragraph 4.50)

1.8 Gym facilities were good and the PE senior officer had attended a specialist training course for maintaining the gym equipment. This simple measure helped reduce costs and delays to repairs. (See paragraph 5.12)

Section 2 Leadership

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

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

2.2 The prison operated reasonably well on a daily basis. The environment was clean and decent and violence was relatively rare.

2.3 Recent organisational restructuring, following funding cuts and the retirement of some more experienced leaders, had resulted in a leaner senior management team, which comprised just the governor, a deputy and three principal officers. Although enthusiastic, some leaders were relatively inexperienced and had broad remits to fill.

2.4 The governor told us that he was committed to changing some negative staff culture which had been identified in a review by the Department of Home Affairs. This had raised concerns relating to some staff behaviour, transparency in decision-making, communications and management.

2.5 A set of shared values to improve attitudes had been developed in collaboration with staff. Efforts to improve staff engagement had included a new staff uniform, a new appraisal system, better staff facilities, well-being days and staff family visits.

2.6 However, these changes had unsettled staff. Of those who responded to our survey, almost three-quarters said that morale was low or very low, and only 18% said that the prison was supporting their well-being very well or quite well.

2.7 Recruitment to fill staff vacancies had been successful, but almost 40% of officers had less than two years' experience. Training had been delivered to improve the management and support skills of senior officers, but they were still not sufficiently visible on the wings.

2.8 Security measures were often disproportionate to risks and there was too often a blanket approach that was historical and risk averse in origin and not based on any current analysis. Improved security systems were needed to identify real threats and respond appropriately in a more thoughtful, considered and effective way.

2.9 Governance and oversight of many important areas, including safeguarding, use of force and segregation, were weak. There was no monitoring or analysis of data to better understand issues, respond to any concerns or ensure accountability.

2.10 There was a poor understanding of risks and how to manage them, including those associated with the management of prisoners in their early days and for those at risk of suicide and self-harm. Many responses were unsophisticated and often excessive. Public protection arrangements were not sufficiently robust.

2.11 The governor, who was also the head of Isle of Man probation services, had a vision for a united service and this was reflected in a comprehensive joint strategic three-year plan. Leaders had plans to move from traditional, relatively informal, rehabilitative methods to a more contemporary, measurable and data-driven approach, but this transformation was still embryonic.

2.12 The governor's work in partnership with the health care team was viewed positively, but relationships at a senior level with the education provider (University College Isle of Man) were underdeveloped.

2.13 Leaders told us that providing prisoners with more skills training, employment on day release and interventions to reduce reoffending were priorities for the prison, and the recent introduction of some limited vocational training and an offending behaviour programme was a start.

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.

3.0 All new arrivals from court or police cells, those being transferred to a prison in the UK, and hospital escorts, were carried out by a private contractor (Bidvest Noonan). Vans we examined were clean and in good order, but all prisoners were handcuffed in transit, regardless of risk, which was potentially dangerous, in the event of an accident.

3.1 The reception area was clean and well ordered. There were sufficient holding rooms to ensure the safe management of male, female and vulnerable prisoners simultaneously.

3.2 In our survey, almost all prisoners said that they were treated respectfully in reception, and we saw cordial and friendly interactions. Searching procedures on arrival were mostly proportionate. The prison had a range of modern technology to help identify and prevent the ingress of contraband, but staff were unsure about when they were permitted to use it.

3.3 Reception processes were efficient and few prisoners remained there for more than two hours. Initial safety screening interviews took place at the front desk, which lacked privacy and discouraged the disclosure of important information. All new arrivals underwent a health screen either in reception or in the health centre.

3.4 Newly arrived prisoners were allowed a telephone call to alert their families or friends of their arrival at the prison. Wherever possible, telephone numbers were retrieved from personal mobile phones before they were put into storage. Newly arrived men were permitted to take only one set of clothes with them to the first night centre; the remainder of their property was held in reception until they had completed their induction at least four days later. This seemed unnecessary. Women, in contrast, were able to wear their own clothes, if in good condition, from the point of arrival. All prisoners were able to shower on their first day at the prison, either in reception or on the first night centre.

3.5 F wing was designated as the first night centre for men, with women being held on D wing. Cells were clean and well prepared for new arrivals. A further safety screening interview took place in private, in the wing office. Regardless of the outcome of this interview, all new male

prisoners had shoelaces and clothing drawstrings removed and were subject to 30-minute observations in cells, with constant video monitoring for the first 24 hours. We considered this to be unnecessarily intrusive in most instances. Women were allowed more privacy and were only placed in a cell with video monitoring if justified by evidence of risk in each individual case.

Cell prepared for a new arrival

3.6 Induction on the men's unit started on the day after arrival and consisted of one-to-one sessions with a peer orderly. It was spread over three days and provided information on how the regime ran, what was available to prisoners and the many behavioural compacts that new arrivals were required to sign.

3.7 The regime for men on induction was poor, resulting in around just two hours unlocked each day for domestics, exercise and time with the induction orderly. This had the potential to undermine the general well-being of newly arrived men. For the women's unit, the same length of time was spent on induction, but they had more time unlocked during their early days. One of the induction cells for women was suitable for a person with disabilities.

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

3.8 The number of reported violent incidents was very low, with two assaults on staff and three fights recorded in the last 12 months. In our survey, 10% of respondents said that they currently felt unsafe, and 31% that they had felt unsafe at some point during their stay, both of which were lower than the comparators.

3.9 Antisocial behaviour was comparatively rare but, when needed, the anti-bullying procedures meant to manage potential bullying were not being followed. An 'anti-bullying monitoring and support folder' was opened for both the victim and perpetrator, but in the records we viewed, observations had not been recorded in almost all cases and support plans were missing.

3.10 The monthly safer custody meetings were unstructured. Although prisoners who were on anti-bullying monitoring folders were recorded, there was no action planning or documented discussion. However, new arrivals with potential risks were highlighted, which was useful. As a forum it allowed for some sharing of information.

3.11 During the inspection, most prisoners were on the highest level of the incentives scheme and those we spoke to said that they appreciated daily access to the gym as a reward for their positive behaviour. In our survey, 60% of respondents said that the incentives or rewards in the prison encouraged them to behave well, but only 44% said that they had been treated fairly in the behaviour management scheme. Although the opportunity for resettlement day release (see paragraph 6.20) was a good incentive to encourage positive behaviour, some prisoners reported frustrations about the fairness of the process.

Adjudications

3.12 There had been 179 adjudication hearings in the last 12 months, which was comparatively low. In the sample we looked at, we considered the sanctions given for those found to be proven had been reasonably fair and generally proportionate. However, too many hearings were adjourned because the adjudicating governor was unavailable, and almost a quarter had been dismissed, often because of procedural errors, which undermined efforts to address poor behaviour.

3.13 Oversight and monitoring of adjudications were inadequate. There had been no meetings to address shortfalls and monitor data to identify any emerging trends.

Use of force

3.14 Prison staff could account for a total of 52 incidents of force (three of which had involved women prisoners) in the last 12 months which was high, compared with the reported low levels of violence. However, there was no robust system for recording incidents, and we were therefore not confident that all incidents had been logged.

3.15 Governance and oversight of use of force were poor. There had been no meetings to monitor this, and no CCTV video footage was retained to scrutinise any incidents and identify good practice or opportunities for improvement. There were also no body-worn cameras available for staff to deploy.

3.16 Most recorded use of force incidents had been spontaneous and, in the available written documentation we looked at, most had resulted in full control and restraint, often because of non-compliance. Documentation generally recorded well what had led to an incident of force and the de-escalation that was used. However, only 49% of staff were up to date with their training.

3.17 There had been no use of batons or PAVA (see Glossary) in this period. Staff did not routinely carry PAVA, but it was available for use in the event of a serious incident.

Segregation

3.18 During the inspection, there were no prisoners located in the segregation unit, but staff told us that 46 prisoners had been segregated in the last 12 months. In our survey, 24% of respondents said that they had spent one or more nights in the segregation unit within the last 12 months, which was higher than we usually see. There had been no data collated and no meetings to monitor the use of segregation, so we were unable to identify, for example, the average duration of stay on the unit. This concerning finding was consistent with the generally poor standards of governance and oversight we observed in the use of this facility.

3.19 The unit had three cells that were unfurnished and were classed as special accommodation. Although there was no reliable system to record use of this accommodation, we were concerned that staff estimated that these cells had been used approximately 14 times in the last 12 months, with an average length of stay of around 23 hours. Even more alarmingly, we were told that most prisoners located in these cells were experiencing self-harm crisis (see paragraph 3.33). The cells had no toilet or running water, and the prisoners located there were given anti-rip clothing. There were no records of managers or health care staff authorising this extreme measure or of any enhanced observations.

Special accommodation cell

3.20 For the normal cells on the unit documentation to authorise segregation was not always completed by health care staff or managers, and the reasons for segregation were not always clear. There was also no evidence that alternative options had been considered and appropriate safeguards put in place for segregated prisoners who were on a monitoring document for those considered at risk of self-harm ('Folder 5'; see also paragraph 3.30).

3.21 On arrival on the unit, prisoners were not allowed a chair or radio in their first 24 hours, regardless of risk, which was not proportionate, and was unnecessarily punitive.

3.22 The regime on the unit was poor, with access to only 30 minutes in small, cage-like exercise yards and a telephone call each day. Prisoners and staff alike told us that showers were offered only twice a week. In our survey, only 5% of respondents who had been segregated said that they had been able to shower every day on the unit.

3.23 In contrast, the use of segregation on the women's unit was infrequent and more supportive in approach. We were told that the separate segregation cell on the unit, which had an adjacent shower room, had only been used once in the past six months and for a matter of hours. A woman had been held there, with staff support, only for as long as was necessary to defuse tensions before returning to her own cell.

Segregation unit exercise yard

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.

3.24 During the inspection, we found no obvious weaknesses in the physical security of the prison, which was built to UK category B standard. However, we found many disproportionate and needlessly restrictive procedures that had been in place for several years and which the prison was unable to justify. For example, prisoners being moved from induction to a main wing were strip-searched in reception. In addition, those who worked in the internal prison gardens were strip-searched up to four times a day, which was unjustified and excessive. All prisoners' incoming mail was photocopied, even though there was no intelligence suggesting that psychoactive substances (see Glossary) were circulating. Tinned items were not available in the prison shop and there had been a ban on pepper seasoning following an incident of misuse over 15 years earlier. Additionally, almost all prisoners were double-handcuffed by the contractor during escorts, irrespective of their risk.

3.25 There were no records of security meetings, and there was no evidence that the prison was aware of its security objectives or monitored emerging threats. The security department was under-skilled; most staff had not been trained in dealing with intelligence and

there were no trained analysts in post. However, security information reports were processed quickly and intelligence-led searches had resulted in many finds. Although the prison sometimes held prisoners who were closely related to staff members, there were effective arrangements to manage this situation.

3.26 The prison reported good relationships with the police, who visited the prison weekly, but security staff were not aware if they held any prisoners from organised crime groups.

3.27 The availability of drugs was low, and in our survey only 6% of respondents said that it was easy to get illicit drugs in the prison. However, the prison had no drug supply and reduction policy and had not held any meetings to monitor activity in this area. Mandatory drug testing was not running effectively as a result of staffing shortfalls; in the last 12 months, only three random tests and 32 suspicion tests had been completed, with only seven of the latter found positive.

3.28 Leaders had recently reviewed their visits policy, and ex-prisoners were now allowed to apply to visit serving prisoners. Only one visitor was banned from visiting the prison, for appropriate reasons, but there was no system to review this decision.

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

3.29 Recorded levels of self-harm were very low, but there had been three self-inflicted deaths at the prison in the past three years, two of which had happened recently. The prison had formulated an action plan following a death in 2020, but we considered some of the actions identified to be unnecessarily risk averse. For example, procedures to manage newly arrived prisoners were over-restrictive (see paragraph 3.7) and not based on risk. In addition, any prisoner who had been subject to self-harm monitoring on a previous sentence, regardless of how long ago, was automatically placed back on monitoring on arrival, irrespective of any current risk posed. The two most recent self-inflicted deaths had yet to be investigated independently. We subsequently learned that the Prisons and Probation Ombudsman had been contacted by the Island authorities, following consultation with us, with a view to rectifying this issue.

3.30 The prison supported prisoners considered to be at risk of self-harm using case management documents which were known as a ‘Folder 5’. These documents were quickly opened whenever there was any suggestion or suspicion of risk. Although this led to some being opened

unnecessarily, reviews were undertaken on time and, where appropriate, Folder 5s were closed the next day.

3.31 The Folder 5 process was focused mainly on monitoring, rather than promoting well-being and addressing why individuals had feelings of self-harm. A revised process which sought to address this shortfall was about to be launched.

3.32 Too many of the Folder 5s we reviewed were incomplete, with some lacking care plans and sufficient multidisciplinary input. Regardless of the level of risk, reviews were set at 48 hours, which, because of staff shift patterns, made case management potentially inconsistent. Prisoners told us that it caused them much frustration and emotional discomfort having to disclose sensitive background information with different staff each time.

3.33 We were concerned to find that some prisoners in crisis had been removed to the segregation unit and into unfurnished cells, with the removal of property and the issuing of anti-rip clothing. We considered this to be poor practice and an inappropriate way to manage someone in crisis. (see paragraph 3.19).

3.34 There were three prisoners subject to monitoring at the time of the inspection. Staff were well briefed on such prisoners, and the electronic prisoner information management system (PIMS) was used to record observations rather than being noted in the Folder 5 document itself. We found observations to be timely, give good accounts of interactions and record how the prisoner was feeling. However, whenever these prisoners left the wing for an appointment or to go to work or education, there was no system to make sure that monitoring continued or that observations were recorded. Night-time entries on the PIMS were too often repetitive and predictably timed.

3.35 There was no Listener scheme (whereby prisoners trained by the Samaritans provide confidential emotional support to fellow prisoners). However, there was good access to the Samaritans, via the in-cell telephones and in person each weekend, when they visited all accommodation areas.

Protection of adults at risk (see Glossary)

3.36 The prison had no adult safeguarding policy, although there were links with the Isle of Man safeguarding board. At the time of the inspection, no prisoners had been referred to the safeguarding board, but we were satisfied that a vulnerable adult would be identified and a referral made if appropriate.

Section 4 Respect

Prisoners are treated with respect for their human dignity.

Staff-prisoner relationships

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

4.1 In our survey, 84% of respondents said that most staff treated them with respect, which was far better than we usually find. We saw positive staff-prisoner relationships and prisoners were well supervised. The four women prisoners shared this generally positive view of staff, and some experienced female officers who regularly worked on their wing were skilled in maintaining stability and resolving interpersonal issues; the women said that some male officers were less confident and sometimes a little awkward in relating to them.

4.2 Although many staff and prisoners originated from the same community and were already acquainted, officers that we observed maintained professional boundaries and were not over-familiar. They were polite, engaged and clearly knew the prisoners well. In our survey, 88% said that there were staff they could turn to if they had a problem, which was significantly better than in comparator prisons.

4.3 Most prisoners we spoke to were similarly positive about their relationship with their personal officer, known as a custody support officer. In our survey, 98% said that they had a named officer, and 70% that they were helpful. Most saw them regularly on the wing and the majority said that their nominated officer took an interest in their wellbeing. One prisoner said: 'If I had a problem, I could turn to my personal officer and I know he would listen to me'.

4.4 The electronic entries we viewed on the prisoner information management system showed regular contact. Most custody support officers summarised their interaction with prisoners on a monthly report form. The completed forms we reviewed were brief but appropriately focused, including details of behaviour, purposeful activity, health and wellbeing, custody plan progress and goals.

4.5 Although some peer support workers contributed positively within the prison community, their roles were underdeveloped (see paragraphs 4.15 and 4.17).

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

4.6 There were five residential units. A and B were general wings and held a mixture of remand and convicted male prisoners. C wing held male vulnerable prisoners, deemed so by the nature of their offence and/or because they found it difficult to live on the main units. D wing was designated as the women's wing. F wing housed new (male) arrivals, those close to release and the few prisoners who worked outside of the prison.

4.7 Living conditions on the residential units were very good, and this was reflected in our survey results, with almost all responses to questions on living conditions much more positive than at comparator prisons in the UK. There were no overcrowded cells and all prisoners lived in clean, well-furnished and decorated single cells. In-cell telephony had recently been installed, which prisoners appreciated. There was almost no graffiti and we saw no evidence of breaches of the prison's offensive display policy. Some mattresses were showing signs of age, and this was the main source of complaint throughout the inspection. The prison was aware of this issue and was seeking to replace them. Communal areas across the prison were clean, spacious and bright.

Wing communal area

4.8 The external grounds were well maintained, and good use was made of the horticultural areas to provide additional food for the prison kitchen.

4.9 All prisoners could shower daily. Ease of access to cleaning materials was evident in the general cleanliness of the prison. Laundry facilities were very good. Each wing had its own laundry for prisoners' clothing and a central laundry unit was available for bedding, towels and other items. Most prisoners wore their own clothes on the wings and to visits. Prison clothing was available for workwear and for those who did not have their own clothes or chose to wear prison-issue clothing. Access to stored property was good and each wing had a designated day each week for this purpose.

Residential services

4.10 The food provided was of a good standard. In our survey, 67% of respondents said that the food was very or quite good, and 68% that they got enough to eat at mealtimes all or most of the time, both of which were better than comparator prisons. Two hot meals were served each day, with a variety of options which included home-made soup at lunchtime. Following consultation with prisoners via a recent food survey, fruit had replaced less healthy deserts for the evening meal. Although the breakfast pack of cereal and milk included an additional item, such as fruit or a yoghurt, this was given to prisoners on the day before consumption, which was far too early. A variety of food from different cultures was provided, but generally there was little celebration of cultural events.

4.11 The kitchen was clean and well run and made use of produce grown in the prison gardens. The enthusiastic catering manager had good

oversight of prisoners working in the kitchen, but there were no qualifications available to accredit the skills they learnt. Wing serveries and food trolleys were also clean and meal service was well supervised by officers. Prisoners on the male and female units alike could eat meals together on the wing, but there were no self-catering facilities on most wings. Only the women and a few male prisoners had access to even a microwave or toaster.

4.12 Prisoners could buy a range of reasonably priced goods from the on-site shop, but there were too few healthy items available. They could request additional items each week, which were then obtained from a local supermarket. However, many complained to us that, in general, this involved only cakes and sweets as they were not allowed healthier items for often over-stringent security reasons (see paragraph 3.24). Women prisoners could order additional items they needed each month, such as clothing, make-up and toiletries, from a catalogue.

Prisoner consultation, applications and redress

4.13 The prison operated a three-tier applications and complaints system. There were two types of application, a general application and a governor's application, and a more formal complaint form. These were not freely accessible and had to be requested from staff. Although this approach was intended to encourage and enable staff to deal with prisoner issues quickly and in person, which was often the case, we considered this practice to be too restrictive. In our survey, most respondents said that applications were easy to make, but only 43% said that it was easy to make a complaint.

4.14 The prison set tight deadlines for responses to applications, but records showed that these were often answered late. There were relatively few complaints submitted and those that we reviewed had been answered politely and addressed the issues raised. Prisoners told us that most staff were good at resolving issues informally.

4.15 In our survey, more respondents than at comparator prisons said that they were consulted about issues that affected them. The women appreciated that staff consulted them regularly about how their experience could be improved, discussing options and making changes accordingly. Each wing had an 'advocate' who represented them at the main prisoner council. A sub-meeting was held before the main meeting, where the advocates and a manager agreed which issues were appropriate to take to the council. Most meetings took place as scheduled and most of the key issues raised were resolved, with few being carried forward to subsequent meetings. However, it was unclear how the outcomes from these meetings were fed back to the wider population.

4.16 The two video courts were well used to reduce the necessity for court escorts. Access to legal visits was good and there was enough capacity to meet the needs of the population. In our survey, far more respondents than in comparator prisons said that it was easy to communicate with legal advisers and attend legal visits. At the time of

the inspection, there were no relevant (Manx law) legal texts available at the prison for those wishing to represent themselves at court.

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) 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.

4.17 There had been insufficient focus on equality and diversity, and no events or displays highlighted this theme. There was a new, very general, policy and a job description for equality representatives, but there had not yet been any practical impact. There was a system for making discrimination complaints, but it was not publicised and had not been used recently.

4.18 The exception to this was in the treatment of women prisoners. D wing, used for the small number of women in custody, was located away from the wings holding men, and the women had broadly the same access to activities and facilities as the men. The wing was in good condition, with an outside exercise yard, including a large grassed area. It had a range of group rooms, equipped and used regularly for a variety of activities which were facilitated by a mixture of paid and volunteer expert facilitators. The women had fair access to the gym, visits and to the limited opportunities for education. Leaders made sure that mothers could have frequent contact with their children (see paragraph 6.1). The small number of women meant that there was always a risk that their needs would be overlooked, but the D wing manager was a strong advocate for the women in the prison, maintaining contact with women's prisons elsewhere to bring in learning and good practice. Links with local women's organisations had helped the prison to develop additional activities and opportunities for the women.

4.19 Prisoners with mobility difficulties were given good, but informal, support. However, in our survey those declaring disabilities were much more likely than at comparable prisons to report having felt unsafe at this prison, and to have experienced bullying or victimisation from other prisoners. Older people were treated fairly, but there was little evidence of awareness of neurodiversity, or of training in the support of those with neurodivergent characteristics. Good support was available for the small number of prisoners who were veterans.

4.20 Other minority groups were present in small numbers and were given little specific support. Scant attention was paid to the affirmation of those from ethnic minorities, apart from the inclusion of black history in the education curriculum. It was widely accepted that, while LGBT

identity raised no issues on the women's wing, and although different gender identities were accepted in principle on the men's wings, it was not easy for a man to disclose that he was gay.

4.21 One transgender prisoner had been held, and staff described good support that had been given to this individual, in an ad hoc way and by reference to guidance from other jurisdictions. However, there was no clear local policy or guidelines.

4.22 There was some provision for foreign national prisoners, including a contract with a telephone interpreting service, activity material in foreign languages, and a good policy for immigration detainees.

4.23 Young people moving to this prison at the age of 18 from the secure training centre on the island were given careful support through the transition, with preparatory visits and interviews. However, our survey showed a number of areas of more negative experience for prisoners who had been in care, such as help with problems on arrival (14% compared with 61% of those who had not been in care) and fair responses to applications (8% compared with 75%), which required further exploration by leaders.

Faith and religion

4.24 There was good access to Christian chaplains in the prison, with members of the team visiting the wings each day. Leaders of other faiths were accessed by arrangement. In our survey, 94% (against the 59% comparator) said that they could speak to a chaplain of their faith in private, which was impressive.

4.25 The faith centre was a welcoming and contemplative space. A range of Christian and Muslim literature was available for prisoners to take away.

4.26 In our survey, 94% of respondents (against the 55% comparator) said that they could attend a religious service if they chose to. In practice, communal services in the chapel were offered on Saturday mornings, but numbers of attendees were limited because of restrictions on the mixing of wings. Vulnerable prisoners told us that they could not routinely attend services.

4.27 The chaplains saw every prisoner before release and encouraged them to link with faith organisations offering help, visiting some individuals post-release to make sure that they were receiving support.

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.

4.28 The Care Quality Commission (CQC) carried out this assessment in union with the HM Inspectorate of Prisons inspection. The CQC does not have statutory powers regarding improvement action for services on the Isle of Man (IOM), and services on the island are not subject to the CQC's enforcement powers. CQC does not rate prison health services.

4.29 This assessment is one of a programme of assessments that the CQC is completing at the invitation of the IOM government's Department of Health and Social Care (IOMDHSC), to develop an ongoing approach to providing health and social care services delivered or commissioned by IOMDHSC and Manx Care.

Strategy, clinical governance and partnerships

4.30 Strategic and operational working relationships between the prison and Manx Care were effective. The parties had created a service level agreement in 2022, which remained unsigned. There was no population needs assessment to guide developments. Arrangements for learning from serious and untoward incidents were efficient, including 72-hour clinical reviews following deaths in custody.

4.31 In 2022, substantial staff shortages and gaps in management, nursing and other professions had impaired the delivery of services. Manx Care had been successful with recruitment campaigns, with a new health care manager, GP and nurses becoming available during the inspection and expected in subsequent months.

4.32 Although existing staff had completed their initial mandatory training, some were out of date with their annual renewals because of the recent shortfall in staffing, but managers had plans to address this. Most staff felt supported by their line managers, although they had not had clinical supervision. There were plans to embed regular clinical supervision, in line with Manx Care policy, and to introduce regular multidisciplinary meetings, handovers, team meetings and complex case discussions to assure patient safety.

4.33 All staff used the electronic medical information system (EMIS) to record patients' clinical information. Staff had undertaken training in record keeping, and consultation entries were clear, thorough and described treatment options. However, EMIS did not have effective functions to monitor patient outcomes, show a register of those diagnosed with long-term conditions or track when annual physical health checks and reviews were due. Staff had to go into individual patient records to review treatment updates, which could lead to some

patients missing prescribing reviews and physical health checks. There was a separate system for mental health and addictions services, which meant that not all staff had easy access to the full range of patient information.

4.34 Well-placed and regularly checked resuscitation equipment was available to a dedicated emergency response nurse and health professionals, to enable a rapid response to acute physical crises. Health care staff were appropriately trained, and prison staff undertook basic life support training as part of their roles.

4.35 Patients could submit confidential health care complaints, of which there had been few in the last three months. Complaints were addressed promptly, with respectful replies which addressed the key concerns that had been raised.

Promoting health and well-being

4.36 There was a whole-prison approach to promoting health and well-being. This included education, gym, health care and kitchen departments working together, using the national calendar of health promotion events to develop awareness of health issues in the community.

4.37 Health promotion materials were clearly displayed in the health centre. Each wing had a peer worker who provided prisoners with some health information and leaflets. Managers identified that there were limited sources of good information available on the island.

4.38 Prisoners had access to age-appropriate immunisations and autumn influenza vaccinations. Those at risk were offered COVID-19 vaccinations on arrival.

4.39 National health screening programmes, such as for bowel, breast and cervical cancer were available; women prisoners had access to genders-specific screening for breast and cervical cancers. Diagnostic services such as ultrasound and X-ray were readily available in the community.

Primary care and inpatient services

4.40 All new arrivals were screened promptly in reception for urgent medical needs, and offered sexual health screening and relevant immunisations. Referrals were made to mental health and substance misuse services, if needed.

4.41 Patient consent was sought to obtain GP records and nurses reviewed risk information, sharing relevant risk factors with prison staff, as necessary. Patients were seen for a secondary detailed health assessment the following day, which made sure that unmet health needs received a suitable response.

4.42 Prisoners could submit a confidential health care application or ask staff to request an appointment. A GP provided two half-day clinics per

week, with patients waiting around six days to be seen, which was reasonable. Urgent telephone advice was available from the GP or Manx Emergency Doctor Service telephone line out of hours.

4.43 Nurses were available between 7.30am and 5.30pm during the week and 8.30am and 5.30pm at weekends. This meant that there was no one available to provide reception screening out of hours, or to carry out essential prison processes such as segregation unit visits and Folder 5 initiation (see paragraph 3.30).

4.44 Emerging patient needs were managed well within daily nurse-led triage clinics. However, because of the shortage of staff there were too few multidisciplinary meetings to discuss patient care. We observed situations in which nurses sought advice from external health care practitioners on the island.

4.45 Primary care staff recorded good entries in patient notes, including clearly documenting Folder 5 reviews and discussions. However, we found gaps where there had been insufficient nurses to attend every review.

4.46 Women patients had access to community obstetrics and gynaecology services, when needed.

4.47 Managers had already identified that improvements were necessary in the care of patients with long-term conditions, as these patients did not have care plans. Registered nurses managed patients with conditions such as asthma, chronic obstructive pulmonary disease, diabetes and epilepsy, but there were sometimes delays in providing repeat prescriptions for these patients.

4.48 There was a suitable range of specialist clinics, including dentistry, optometry, physiotherapy, podiatry and sexual health, and easy access to midwifery and health visiting services, when needed. We were unable to identify waiting times as these data were not recorded. However, patients told us that they were seen quickly.

4.49 Managers did not routinely review non-attendance rates for appointments. However, external hospital appointments were managed effectively, and patients requiring urgent treatment were prioritised.

4.50 Despite the complexities associated with multi-agency working across the prison, the wishes of a patient needing end-of-life care recently had been respected promptly, while maintaining safety, so that there had been a compassionate and dignified end to life. This had included joint procedures to ensure the delivery of good care, guidance for staff to support the patient and their relatives, and effective links with hospice and hospital specialists.

4.51 Before release, patients were provided with a GP summary of care and medicines to take home, if needed. They were also given information on how to access health care services in the community and harm minimisation advice.

Social care

4.52 The prison, Manx Care social services and the health care department did not have a memorandum of understanding for the delivery of social care. At the time of the inspection, there were no prisoners receiving a social care package (see Glossary), although some patients had equipment and mobility aids supplied to them following assessment by an occupational therapist.

4.53 There were credible plans to promote and raise social care awareness within the prison, and peer support orderlies were in place.

Mental health care

4.54 An unsigned service level agreement between the prison and Manx Care detailed the mental health services available to the prison. Manx Care provided sessional visiting services only, with telephone support after 5pm.

4.55 Primary care staff made sure that all new prisoners received mental health screening, which included the use of standardised assessment tools to guide referrals to mental health practitioners (MHPs). Access to MHPs was prompt, with new referrals assessed within 14 days, or in the same week if urgent. The psychiatrist saw new patients within four to six weeks. Prisoners in emotional crisis had access to the Samaritans (see paragraph 3.35), chaplains (see section on faith and religion) and Cruse Bereavement Support.

4.56 Manx Care offered essential mental health services, including the counselling and well-being service, which supported around 18 patients with mild to moderate problems; MHPs from the community mental health – adults team, which provided care for eight patients with serious and enduring mental illnesses; and the specialist community drug and alcohol team (see next section).

4.57 Taken together, the MHPs provided a good range of psychological therapies, and 21% of respondents in our survey (against the 10% comparator) said that their mental health had got better since arriving at the prison. Waiting times for therapies were consistent with those for the general population.

4.58 Patients who would have benefited from group therapies were disadvantaged because of restrictions on the mixing of wings, as too few patients could gather together to create a viable group.

4.59 MHPs told us that there was not enough time to address the mental health needs of the population fully, although, as a result of the limitations of the regime, their time was not being used optimally.

4.60 Several MHPs told us that, if more time became available, they would provide bespoke training to prison officers (suspended during the COVID-19 restrictions); introduce therapies such as dialectical behaviour therapy (DBT; see Glossary) and eye movement desensitisation and reprocessing (see Glossary) to treat patients with

trauma-related issues; and start creating a sustainable pathway for patients with neurodiverse issues such as attention-deficit hyperactivity disorder and autism.

4.61 MHPs told us that, where necessary, they referred children (prisoners under the age of 18 years) to child and adolescent mental health services.

4.62 Manx Care had recently been considering a proposal by the new health care manager to create a prison-based mental health professional role. During the inspection, funding was agreed for increased staffing from April. This would enable the implementation of developments to improve therapies and outcomes for patients.

4.63 Pre-release planning for patients was particularly good, as representatives from the visiting services met colleagues in the community to plan care, informed by a weekly community mental health team meeting. On average, one patient per annum was transferred to hospital under the Mental Health Act. The transfers took longer than the guideline target, partly because transfers were to the UK and complex to arrange.

Substance misuse treatment

4.64 Manx Care and sub-contracted Motive8 (an alcohol advisory service) provided psychosocial support to about 10 clients at a time. Drug and alcohol recovery workers visited one day per week and Motiv8 half a day per week, providing valued support for clients, using motivational, cognitive and solution-based therapies. However, both agencies believed that the current provision was insufficient to meet the needs of the population. During the inspection, we were told that Manx Care would be increasing its clinics to two days per week, which would enable a wider range of therapeutic options, such as DBT.

4.65 Clinical management of substance misuse was evidence based, with a specialist addictions psychiatrist visiting every two weeks and appropriately trained GPs also available to prescribe. At the time of the inspection, two patients were in individualised opiate substitution treatment (OST). Methadone was prescribed routinely, although buprenorphine (an alternative opiate substitution medication) could be prescribed, as clinically indicated. Drug and alcohol recovery workers were involved appropriately in 13-week reviews of treatment.

4.66 Alcohol detoxification treatment was available, but rarely needed. Health professionals were unavailable to monitor such patients overnight. Although these patients were moved to new observational cells, and officers given additional training to monitor them, the arrangement did not accord with accepted best practice.

4.67 There were no visiting mutual aid groups such as Alcoholics Anonymous or Narcotics Anonymous, although clients were able to speak to individual sponsors by telephone.

4.68 Pre-release preparation was very good, as liaison with Manx community drug and alcohol services was seamless, and strong with some English north-western drug services. Clients received harm minimisation advice, naloxone training and supplies (to reverse the effects of opiate overdose), and prescriptions to be taken to pre-arranged pharmacies to receive OST post-release.

Medicines optimisation and pharmacy services

4.69 Medicines were dispensed remotely by Karson's pharmacy against 28-day prescriptions. The receipt of medicines coming into the prison and subsequent transportation to the health care department were not sufficiently secure. The boxes of medicines supplied to patients needing smaller quantities of medication for in-possession use were not labelled appropriately. This practice carried some risk, as not all patients received written details of how to take their medicines safely and some tablets were stored in unlabelled loose foils.

4.70 A policy to allow in-possession medicines was available, and suitable risk assessments had been completed for each patient. However, the health care team did not know if all risk assessments were up to date or how many patients had in-possession medicines.

4.71 Nurse-led administration of not-in-possession medicines took place twice daily and was safe, with queues well supervised by officers. However, identification checks were not robust, which could have increased the risk of an administration error. Patients who did not have in-possession medicines but needed night sedation were given their medicines at about 4pm. This meant that they experienced sedation in the early evening, which increased the potential for accidents, and also that they did not receive the night-time benefits of the medication.

4.72 Prescribing was completed on EMIS, but administration was recorded on a paper record, which was disjointed. There were no pharmacy professionals involved in the clinical team. Without this professional oversight, potential risk and errors could have passed unrecognised.

4.73 Patients had insufficient access to medicine reviews, reducing the likelihood of identifying their medicines issues.

4.74 Systems and processes to make sure that medicines were regularly reconciled were limited. Some of the EMIS records appeared to be inaccurate; for example, one patient was inaccurately marked as 'inactive', and one had their medicine dose repeated, despite being prescribed a reduction. We also found differences between dosages on EMIS and on medication labels.

4.75 The team was unable to produce a report showing how many prisoners were taking high-risk medicines. There were some governance meetings to discuss patient safety concerns, but there was no wider governance meeting involving the health care team, prescribers and supplying pharmacy. This meant that there was limited scope to identify learning from prescribing or service trends in a multidisciplinary

manner. The high-risk medicines for in-possession use listed mirtazapine (an antidepressant) as an 'amber' drug; however, this agent has been 'red' rated as a highly tradable medicine.

4.76 There were no medicines available to buy on the prison shop list. Some were available via patient group directions (PGDs; see Glossary), but these were limited to either simple minor ailment conditions or emergency care treatment. Moreover, as access to a GP was infrequent, with no other on-site prescriber, there may have been unnecessarily extended waiting times for patients to access treatment.

4.77 Patients could request over-the-counter medicines at the medication hatch, with a review by the GP after 72 hours. However, there were occasions when review did not take place and nurses continued to provide the medication, which meant that the supply was outside the PGD framework.

4.78 A range of medicines was kept as stock for out-of-hours provision, but there was a limited range of antibiotics. Controlled drugs were audited, but other medicines were not. This mean that there was inadequate control over medicines stock levels and security.

4.79 As a result of the limited capacity of the health care team, some routine tasks had gone amiss, such as completing cell compliance checks. The team had limited time to audit and identify any shortcomings or improvements. There was no regular oversight by a medicines and therapeutics committee, which would have analysed audits to demonstrate the efficacy and value for money of medicines.

Dental services and oral health

4.80 A Manx Care community dental team provided NHS-equivalent treatments. There was one planned session each week, with additional clinics provided if the length of the waiting list increased. Managers did not record the waiting times for routine dental appointments or urgent care. In our survey, 58% of respondents (against the 24% comparator) said that the quality of the dental services was very or quite good.

4.81 The dental team triaged applications and arranged urgent appointments for the next clinic. Primary care nurses offered pain relief and made prompt referrals directly to the dental team when this was indicated.

4.82 The dental suite met infection control standards and used instruments were sent to the Central Sterile Supply Department at Nobles Hospital for sterilisation, to ensure safety.

4.83 Dental managers undertook supervision and monitored staff training and development. Patient complaints received prompt responses from the area dental incident manager.

Section 5 Purposeful activity

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

Time out of cell

Expected outcomes: All prisoners have sufficient time out of cell (see Glossary) and are encouraged to engage in activities which support their rehabilitation.

5.1 Almost all prisoners had at least one job or place on an education course, but they still spent too long locked up. At best, they spent just over eight hours per day out of cell, but wing cleaners and those in full-time education were unlocked for only around six hours. There was no evening association, so all prisoners were locked up for the night by 5.15pm.

5.2 In our roll check, we found that most prisoners were out of their cell in the mornings, but over a third were locked up during part of the association time in the afternoon. Overall, only about half of prisoners were routinely engaged in purposeful activity when we made our checks.

5.3 The core day regime and routine was well understood and generally delivered reliably. In our survey, all respondents said that they knew what the daily routine times were supposed to be, and almost half said that these were adhered to.

5.4 Male prisoners could spend up to an hour a day outside, which was adequate, but the exercise yards for A and B wings were small concrete areas, with no facilities for sport or exercise. There were few organised wing-based activities to provide enrichment or encourage association, so many prisoners had little to do during their time unlocked.

5.5 The women's unit had a spacious exercise area, including a large grassed area, which was not overlooked from any other part of the prison. They could use it for two half-hour periods daily. There was a good programme of activities such as art, crochet and other crafts, with skilled facilitators coming in weekly for each activity. There were dedicated rooms for sewing, health and beauty, and craft activities.

5.6 The library service was not promoted sufficiently. It was open for only two sessions per week, and these were sometimes cancelled. Prisoners were allowed only 15 minutes for their library visits and there was very little space to sit and read. Prison data showed that, in the last quarter of 2022, the library had opened only 13 times. In the month

before the inspection, there had been just 47 visits by prisoners to the library.

5.7 The education manager occasionally bought books requested by prisoners, but most of the book stock was made up of donations or books discarded from public libraries. Despite this, they were generally in good condition and the collection was large enough for the population. There was a reasonable range of reading material, including small stocks of large print and foreign language books. There was also a small stock of talking books on CD, but no films on DVD or computer games.

5.8 The collection of legal books was out of date and covered only UK law. We were told that reference works on Isle of Man law had been bought, but these were not available during the inspection.

5.9 There were no library staff. The facility was managed by a prisoner orderly, who was supervised by the education manager. There were no activities to promote reading.

5.10 A recent survey had been carried out to hear prisoners' views on the library. The response rate was low, but the library orderly was working to implement the suggestions made, by improving the layout and labelling of the collection to make it easier to find books.

5.11 There was good access to the gym. All prisoners were given a gym induction on arrival and could attend four times a week. This included the women, who also had an exercise bike and cross-trainer on their wing. Those with enhanced status could attend the gym every day. Eighty of the 90 prisoners currently held were registered gym users and there had been 878 attendances in the month before the inspection. In our survey, 72% of respondents said that they could attend the gym twice a week or more.

5.12 The gym facilities were good. There was a large sports hall and a wide range of modern fitness equipment, all of which was in good working order. The PE senior officer had attended a specialist training course, enabling him to maintain the gym equipment without having to depend on outside contractors, reducing delays and the cost of maintenance.

5.13 The gym was managed by a senior officer and three instructors. All staff were appropriately qualified, and they offered a good range of activities, including circuits, fitness training, weight training and sports. A weekly yoga session was taught by a qualified sessional teacher. Prisoners with enhanced status could play football outside on an all-weather pitch three times a week and take part in a five-kilometre run on Saturdays in the summer.

5.14 Links with the health care department had improved, so PE staff were informed of medical conditions relevant to a prisoner's exercise activities. Prisoners with injuries were offered a daily remedial PE session, and the health care department arranged for a community-

based physiotherapist to visit the prison periodically to see prisoners who needed help with musculoskeletal problems.

5.15 There was no accredited course in PE. Managers were planning to train staff, to enable them to offer this in the future.

Education, skills and work activities

5.16 Education classes were provided by the University College Isle of Man, which employed a full-time manager and six part-time sessional staff, plus two volunteer teachers.

5.17 There were more than enough activity places for the prison population. Almost all prisoners had a job or education place, but most only involved a few hours of activity each week. Many prisoners had more than one job or combined part-time work with education classes. Prison data indicated that 87 prisoners were in full-time activities, but many of these were occupied for only 13.5 hours per week.

5.18 Education and work for women were provided mainly on the female unit. There was a programme of activity each weekday, and women attended the education unit on Mondays, Thursdays and Fridays; women said that they appreciated the English, psychology and mathematics classes.

5.19 Classes leading to qualifications were offered in English, mathematics and information technology (IT). Non-accredited classes included art and craft, psychology, crochet work and employability. A total of 27 classroom sessions were provided each week. Most classes had a capacity of six, but not all were full.

5.20 Access to classes was restricted because the limited number of classroom sessions was divided into separate lessons for women, men, and vulnerable prisoners. As a result, most prisoners studying English or mathematics could attend only one class per week, which was not enough to make good progress.

5.21 The curriculum did not include enough practical subjects to prepare prisoners for employment after release. The only vocational training was a recently introduced woodwork course, offering a level 1 qualification. Managers planned to introduce courses in basic electronics and cookery shortly after the inspection.

5.22 Too few prisoners attended education classes. The education manager and her staff had been directed by college managers not to go on to the wings to recruit students. The proportion of prisoners enrolled had fallen from 55% in 2020 to 44% at the time of the inspection. Payment for those attending education classes was less than for some orderly or kitchen jobs.

5.23 Education staff did not assess prisoners' English and mathematics skills on arrival unless they requested an education place. As a result, the prison did not have an accurate picture of their learning needs to use in curriculum planning and not all prisoners who needed help with literacy, numeracy or additional learning needs would be identified. Managers had not developed a reading strategy to improve literacy in the population.

5.24 Relationships between staff and prisoners in education and work activities were positive. Prisoners behaved well and there was little disruption of activities. Attendance was reasonably good. However, in a small number of cases prisoners missed classes because officers did not let them leave their wing, or because they allowed them to go to the gym instead.

5.25 The quality of teaching was good. Teachers were well qualified and knew their learners well. They took care to assess prisoners' prior understanding and were skilled in adapting course plans to the diverse range of abilities, helped by the small class sizes. They monitored learners' progress carefully and kept detailed records of the work done in each session.

5.26 The education manager met individual learners regularly to discuss their progress. Prisoners spoke highly of the support they received from the education department. However, individual learning plans lacked detail and did not set clear learning targets or record progress.

5.27 Handouts and teaching support materials were good, but IT resources were insufficient to support learning. The education manager had secured funding for computers, but these had not yet been installed, so there was little use of IT to aid learning. The new carpentry workshop was well equipped and provided a good learning facility.

5.28 Prisoners with additional learning needs were assessed by a team from the college's main site, and staff were advised on strategies to help these learners. Some staff had recently attended a training event on dyslexia, but most teachers had not had training in identifying and addressing these needs.

5.29 Achievements were reasonably good. Most learners completed their courses and the pass rate for mathematics and English in 2022 was almost 80%. Pass rates were also reasonable on IT courses. However, the number of exam entries had reduced by almost half since 2021. The prison's use of data to monitor outcomes for prisoners was underdeveloped. Results were not analysed routinely to show trends in participation or success rates.

5.30 Progression opportunities were limited. There was no higher-level education or vocational training, although teachers were providing support for one 'A' level learner at the time of the inspection. Around 10 prisoners were pursuing open learning courses and they received good support from the education manager and teachers. The education manager worked with prisoners approaching release, to help them

apply for college courses. Applicants were interviewed by the college's student services staff, who provided information and carried out a safeguarding risk assessment.

5.31 Quality assurance of teaching was satisfactory. All teachers were observed each year and provided with helpful and supportive feedback. However, opportunities for staff development were limited and most teachers had little opportunity to share knowledge and experiences with colleagues at the college's main site.

5.32 Prisoners could work in areas such as the kitchen, stores, laundry and gardens. There were 107 jobs available, enough for all the population, but most occupied only a few hours per week. Vacancies were advertised, and a weekly work allocation board considered prisoners' applications. The process was efficient; board members knew prisoners well and used reports from other staff to help them to decide on allocations.

5.33 Work opportunities were mostly mundane. Prisoners typically started as wing cleaners and progressed to orderly roles, such as stores assistant, involving greater levels of responsibility. However, improvements in employability skills, such as team working, were not recognised or recorded. None of the jobs offered training or accreditation of skills, so they did not prepare prisoners adequately for work outside the prison.

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 Visits were organised efficiently. In our survey, 70% of respondents said that they received a visit each month. Leaders had ensured that a woman with a very young child could receive several extra visits. Many more survey respondents than in comparable prisons said that visits started on time, visits staff behaved respectfully and that staff had encouraged them to keep in touch with family and friends. The visits hall and visitors centre were large, bright and in good condition.

6.2 Visits lasted for a little over an hour. Staff made the atmosphere reasonably informal and friendly, but no refreshments were available, other than bottled water. There was a play area suitable for small children. At the weekend, Mothers' Union volunteers came to help with supervising the play. Managers told us that the play area was normally accessible on weekdays as well, but this was not the case when we visited, and a mother complained that her small child had to stay at the visiting table.

6.3 Family days were organised three times a year, for those on the enhanced privilege level only. Although leaders considered this to be the correct approach, access to family days on the basis of need and in the interests of families rather than the good behaviour of the prisoners would have been more appropriate. These were lively and organised well, in conjunction with the local children's centre. There was no other organised work to maintain and strengthen family ties, such as through a family support worker or activities such as homework clubs, or provision for older children.

6.4 There was a telephone in every cell, and prisoners could keep in touch with family and friends without difficulty.

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.

6.5 The small resettlement team was working increasingly closely with the probation staff, whether based in the prison or the community. There were benefits to the integration of the prison and probation service leadership into a single structure in which the governor held responsibility for both functions. Another experienced leader, recently appointed, was driving improvements in practice. The prison and probation service had sound plans to improve public protection protocols and arrangements which, if implemented, would address the substantial deficits in the area of risk management, as detailed below. A team of senior forensic psychologists had also been brought in, working partly on-site and partly remotely, which was also strengthening the rehabilitative offer.

6.6 Prisoners were given good support with practical issues when they came into the prison, and were helped to contact their family promptly. They were evaluated using a standard assessment of risks completed by probation or resettlement officers, combined with a needs assessment completed by probation or psychology staff. The two documents supported the resettlement board meetings, from which a resettlement plan was produced. This was completed within three days of reception and reviewed after a month, and then every six months. Practical and achievable actions were included. The emphasis was on preparation for release; for many prisoners this was appropriate, but those facing a long sentence also needed a clearer focus on what they could achieve while in prison.

6.7 The prison had worked hard to make sure that all prisoners had been assessed in this way. However, mainly because of the limitations of these tools, the narrative in the assessments was brief and included insufficient analysis of offending behaviour.

6.8 The most serious deficit was the lack of analysis of the risk of serious harm to other people. In several cases, the index offence was not described beyond the charge, and there was no recorded information about the individual's offending history. This meant that those working with the individual in custody or the community could not discern who might be at risk and in what circumstances, or be alert to trigger factors or indicators that risk might have been increasing. There was also a lack of effective risk management plans.

6.9 On arrival, prisoners met a member of the resettlement team. The induction session addressed a range of important practical issues, including: caring responsibilities, home security, family contacts, pets, substance withdrawal and self-harm. Prisoners we interviewed were

grateful for the help they had received in making prompt contact with their family on arrival.

6.10 Few of those interviewed had met their community probation officer and several were unhappy about this. There had been probation staffing difficulties in both the prison and the community, but a recruitment campaign was under way. Weekly probation surgeries had begun on the wings, which was improving the situation.

6.11 Most of the prisoners we interviewed were positive about the help that they had received from the prison in general. The Motiv8 workers (see paragraph 4.64) were well regarded, with several prisoners praising the support provided. One said:

> 'If it wasn't for the prison I would have been dead. Was a drug user. I have got active and healthy in here. It's the first time I've been clean in 10 years. Without help from my personal officer I wouldn't be where I am'.

6.12 Another prisoner told us that the turning point for him had been when the governor had visited him in segregation and treated him with kindness, offering support. He said:

> 'The governor and head of security came to seg and told me they could see I needed support not punishment. They showed me humanity and kindness – so for them I decided to channel my violence in another way. Now I am trusted. It's because of them two people'.

Public protection

6.13 In most of the case records we examined, we found little information about the index offence and no analysis of offending behaviour. In these cases, we found no evidence of plans to manage the risk that the prisoner might have presented to others, both in or from custody, and on release.

6.14 The minutes of multi-agency public protection arrangements (MAPPA) meetings were often incomplete, with gaps in information and dates of offending and/or the sentence. The risk management section was often used just as an ongoing record of meetings, with insufficient focus on actions designed to manage risk. Contingency plans, or the concerns that might trigger these, were not considered in any of the cases and there was no mention of licence conditions in MAPPA records. Given the difficulty of managing exclusion zones or non-contact conditions in a small community, recording should have been particularly robust.

6.15 A victim support worker had attended one meeting, but there was little input from social services where it was needed for risk assessment and to make sure that risks within the family were managed on release. In assessing risk, compliant behaviour in the prison was often emphasised in the records, rather than how risks might be manifested

in the community, which was especially important in cases where an offence had had a high local profile.

6.16 There was no consistent system to make sure that prisoner communications were monitored in case of legal requirements, such as non-molestation orders or evidence of potential risk (for example, to victims). Some monitoring of a random sample of telephone calls had begun recently, but targeted monitoring had not taken place and it was not possible to say whether this was because it had not been needed.

Progression

6.17 There was no system of prisoner categorisation. Prison staff prepared a report on prisoners who had applied for parole, and this was focused appropriately on the individual's time in prison and included information from a wide range of departments. One prisoner complained that he had not been given the opportunity to appear at his parole hearing. We were told that in general, prisoners could do so. Occasionally, those with long or indeterminate sentences were able to transfer to a prison in England or Wales in order to complete a required intervention.

Interventions

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

6.18 Few offending-focused interventions were available. Most prisoners appeared to complete their sentence without addressing their offending behaviour, including some serving long sentences for very serious offences.

6.19 In a welcome development, staff had been trained to deliver an in-depth Life Minus Violence course. The programme was due to start imminently with a group of men convicted of sexual offences. The programme would run for 12 months and be overseen by highly experienced forensic psychologists. There were plans also to use it for violent offenders within the next year. However, for the many prisoners who might benefit from shorter interventions, input would continue to be very limited.

6.20 A strength of the prison was a long tradition of resettlement day release (RDR) to work with local businesses, with whom there were strong links, especially in the thriving construction industry. The risk assessment for this involved all relevant departments, with the decision made by the governor. However, the risk assessment forms focused mainly on behaviour within the prison, with several individuals described as 'a model prisoner'. They contained little or no information about the index offence, or his/her offending history; it was therefore not clear whether relevant risk issues had been appropriately considered. In one case, where potential risks were identified, RDR was granted, with no evidence of how the issues would be managed.

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.

6.21 The resettlement team had good links with housing providers and sources of advice on the island, including the Housing Matters charity and the statutory bodies administering social housing. In our survey, fewer of those approaching release than in comparable prisons said that they needed help with accommodation, and the same was true of employment.

6.22 The Isle of Man Jobcentre carried out video interviews with many of those approaching release. Applications for benefits were made before release, with the first payment available on the day of release. Lloyds Bank had recently agreed to provide bank accounts to prisoners before release.

6.23 Most prisoners had little contact with their community probation officer until shortly before release (see also paragraph 6.10). Those being released were taken to F wing on the day before, for all preparations to be made, including an exit interview. Bags and clothing were available, but the facility for charging prisoners' mobile phones before release had been withdrawn inexplicably.

Section 7 Findings from the previous inspection

The following is a summary of the main findings from the last full inspection report in 2011, organised under the four tests of a healthy prison.

Safety

Prisoners, particularly the most vulnerable, are held safely.

At the last inspection, in 2011, prisoners were treated well on arrival at the establishment. Systems had been introduced to risk assess and induct new arrivals but we were not assured that this always happened. There appeared to be little violence, bullying or self-harm, and most prisoners felt safe. However, there was limited management of safer custody issues and we were not confident that the prison was aware of, or effective in, addressing all risks. There was bullying among prisoners to steal each others' medications and some procedures to support those in self-harm crisis were weak. Vulnerable prisoners and women were held safely. Segregation and the use of force were not used excessively but governance and accountability for both issues were poor. Levels of illicit drug use were high and procedures to maintain and support drug users underdeveloped. Adverse consequences of the smoking ban were not being addressed effectively. Overall outcomes for prisoners were reasonably good against this healthy prison test.

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection, in 2011, the prison environment and facilities were generally excellent. Staff–prisoner relationships were respectful and the personal officer scheme worked reasonably well. Women prisoners felt respected but services for them were underdeveloped. Although systems to measure, support or promote diversity and equality were limited, most, although not all, prisoners from minority groups generally felt well cared for. The quality of food was good and shop services appeared to meet the needs of most prisoners. Prisoner applications were dealt with reasonably but complaints procedures needed improvement. Health services, in particularly primary services, were generally satisfactory and much improved. Overall outcomes for prisoners were reasonably good against this healthy prison test.

Purposeful activity

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

At the last inspection, in 2011, time out of cell was good. The management, improvement planning and quality assurance arrangements in education were adequate. The range and quantity of education provision were limited but the quality was reasonable and achievements by students were good There was little vocational training provision and workshops stood empty. Although most prisoners were allocated a job, work was menial, and most prisoners were underemployed. There was good access to recreational gym. Overall outcomes for prisoners were not sufficiently good against this healthy prison test.

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 2011, resettlement outcomes for prisoners were poor. There was no resettlement needs analysis or comprehensive resettlement strategy and the governance arrangements to drive improvement were not well developed. The prison's approach was further hindered by the lack of a broader island resettlement strategy. There was no formal and systematic process for identifying and managing public protection cases. Some limited custody planning had recently been introduced but it was too early to evidence the effectiveness of outcomes for prisoners. Work supportive of the resettlement pathways was underdeveloped and access to support agencies and services was limited. The prison's failure to address substance misuse was a particular concern. Overall outcomes for prisoners were poor against this healthy prison test.

Appendix I About our inspections and reports

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

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

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

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

Respect
Prisoners are treated with respect for their human dignity.

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

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 Isle of Man Prison Service.

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

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

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

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

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

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

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

This report

This report outlines the priority and key concerns from the inspection and our judgements against the four healthy prison tests. There then follow four sections each containing a detailed account of our findings against our *Expectations. Criteria for assessing the treatment of and conditions for men in prisons* (Version 5, 2017) (available on our website at https://www.justiceinspectorates.gov.uk/hmiprisons/our-expectations/prison-expectations/).

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

Inspection team

This inspection was carried out by:

Martin Lomas	Deputy Chief Inspector
Sara Pennington	Team leader
Paul Rowlands	Inspector
Natalie Heeks	Inspector
Jade Richards	Inspector
Martin Kettle	Inspector
Steve Oliver-Watts	Inspector
Sally Lester	Inspector
Emma King	Researcher
Grace Edwards	Researcher
Charlotte Betts	Researcher
Paul Tarbuck	Lead health and social care inspector
Craig Whitlock-Wainwright	General Pharmaceutical Council inspector
Lynda Day	Care Quality Commission inspector

Appendix II Glossary

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

Dialectical behaviour therapy
A type of talking therapy based on cognitive behavioural therapy.

Eye movement desensitisation and reprocessing
A comprehensive psychotherapy that uses side-to-side eye movements combined with talk therapy in a specific and structured format.

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.

Patient group directions
These enable nurses to supply and administer prescription-only medicine.

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

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

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).

Psychoactive substances
Psychoactive substances are either naturally occurring, semi-synthetic or fully synthetic compounds. When taken they affect thought processes or individuals' emotional state. In prisons, these substances are commonly referred to as 'spice'.

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 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:

Prisoner survey methodology and results

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

Prison staff survey

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

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