

Report on a full unannounced inspection
of

HMP Rye Hill

11–15 June 2007

by HM Chief Inspector of Prisons

Introduction

This is the third inspection of HMP Rye Hill, a contracted-out category B prison run by Global Solutions Limited (GSL) and opened in January 2001. Our first inspection in 2003 recorded that the prison's first two years had gone reasonably well, but signalled some serious concerns about the inexperience and low numbers of staff, and the lack of a visible and robust management presence on the wings. This formed the basis of our first main recommendation, and the prison undertook to put in place more effective management and support systems.

Two years later, however, a reinspection found that this had not happened and that 'the prison had deteriorated to the extent that we considered that it was 'an unstable and unsafe environment, both for prisoners and staff'. We were far from sure that the staff controlled the prisoners, rather than the other way round. Our main recommendations were that the Office for Contracted Prisons (then responsible for privately-run prisons) should take urgent action to reinforce staff and management, and should review staff recruitment, retention, deployment and management, including risk assessments of safe staffing levels.

This full unannounced inspection, a further two years on, found a prison that was not as dangerously unstable and unsafe as it had been in 2005. An experienced temporary Director, on loan for six months from GSL's Wolds prison, had pulled the prison back from those extremes. That said, many of the passages in the 2005 report could be repeated verbatim: crucially, that 'Staff lacked the experience or support to ensure that the proper boundaries were in place, take decisive action to challenge misbehaviour, or actively to support prisoners, including those who were vulnerable'. In other words, the fundamental changes needed to ensure sustainable safety, decency and good practice had not been made, and the prison, though at that time safer than it had been, was still fundamentally fragile. It is worth noting that, at the time of our first inspection in 2003, when teething troubles might have been expected in a relatively new prison, only 17% of prisoners said they had ever felt unsafe. At this inspection, four years later, that figure was 52%, with 26% feeling unsafe at that moment. That is not a very encouraging trajectory.

We continued to find inexperienced, often young, staff, at most in pairs and too often actually or effectively on their own, unable to set boundaries, engage positively with prisoners, respond to their requests and concerns, or carry out agreed procedures. We observed prisoners who were verbally aggressive to staff: indeed it was apparent that bad behaviour was rewarded, since it achieved the result of attracting staff attention. The incentives scheme, designed to assist staff to manage prisoners by rewarding good behaviour, had been subverted. Prisoners who refused to engage with the regime, and many of those whose behaviour was so bad that they ended up in segregation, were on the enhanced or super-enhanced levels. Other, more extreme, methods for managing behaviour – use of force and disciplinary hearings – were therefore over-used, and in the former case imperfectly supervised.

As on previous inspections, we found a lack of robust management presence to support and advise staff on the units. The absence of experienced and visible middle managers on the units was particularly noticeable, and important. On numerous occasions during the inspection, we had to point out to senior managers that systems were either not in place, or were not implemented or understood.

Unfortunately, these fundamental problems were not the only defects we found at this inspection. Management of race relations, foreign nationals and disability fell well below best practice and, in some cases, the current legal requirements. The segregation unit, despite the positive approach of its manager, had not kept pace with current best practice for the care and

separation of prisoners. Suicide and self-harm procedures were poor. The food provided, in spite of a reasonably generous budget, was of very poor quality. Healthcare provided only a basic service, without proper chronic disease management, and with inadequate pharmacy services and poor links to external NHS facilities. There were also serious deficits in mental healthcare, which may well have contributed to the difficulties staff were experiencing in managing disruptive and challenging prisoners; though it was welcome that this was about to be addressed, with the imminent arrival of a mental health in-reach team.

It was particularly disappointing that activity, which had presented a reasonably good picture at the last two inspections, was found on this occasion to be seriously inadequate for a training prison. Weaknesses identified in previous inspections had not been addressed; indeed no action plan to do so had been produced. Time out of cell, as specified in the contract, was good. But the quality and quantity of purposeful activity available was poor. Over a third of prisoners at any one time were not engaged in any activity, and classroom efficiency was measured by whether the teacher, rather than any prisoners, turned up. Of those who were in activity, we found prisoners allocated to lessons they could not comprehend or did not need; and workshops which provided very little opportunity to gain qualifications and which raised health and safety concerns. In the absence of a dedicated head of learning and skills, and a clear strategy based on prisoners' needs, it was unclear how these serious deficiencies would be remedied.

Finally, there was no coherent resettlement strategy, and many of the recent developments in reintegration and substance use work seemed to have passed the prison by. That said, considerable effort had gone into developing offender management for the many prisoners who came within scope of the new arrangements; though we, like the staff, were concerned as to whether the resources available for this work would be sufficient to make it sustainable in the long term. It was also surprising that there was no chartered forensic psychologist on site, in a prison that held such a large number of high risk offenders (including 150 life-sentenced prisoners), ran offending behaviour programmes, and was the regional centre for sex offenders serving indeterminate sentences for public protection.

It is clear that Rye Hill's new Director faces a challenging task. She will need to put in place, and ensure the implementation of, the basic systems that make prisons safe, decent and positive, before being able to tackle the other deficiencies this report has outlined. She has the benefit of a willing and largely enthusiastic staff group; but they lack the experience and management support to be able to function effectively.

It is both inevitable and depressing that our first four recommendations repeat and expand on the concerns that we highlighted at the two previous inspections. Staffing levels and deployment, management supervision, and training and support all need urgently to be reviewed: and in the meantime, the population of the prison should be reduced to give staff a chance to restore proper control and relationships. Indeed, given the scale of the task, we believe that the National Offender Management Service should consider sending in a team of experienced public sector senior and middle managers for a period to assist the Director to stabilise the prison, establish and implement systems, and provide effective support for front-line staff.

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