Report on an unannounced inspection visit to police custody suites in the Metropolitan Police Service Borough Operational Command Unit of Bromley

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by

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1. Introduction

This report is part of a programme of inspections of police custody carried out jointly by our two inspectorates and which form a key part of the joint work programme of the criminal justice inspectorates. These inspections also contribute to the United Kingdom's response to its international obligation to ensure regular and independent inspection of all places of detention. The inspections look at strategy, treatment and conditions, individual rights and health care.

There was proactive, visible leadership by senior officers in the borough. The governance structures were sound, and the presence of a permanent custody manager and permanent staff supported consistent performance. Refresher training and training for custody assistants were not adequate. Quality assurance measures were well organised but of insufficient depth and lacked focus on the welfare and safety of detainees. There was strong partnership working and good engagement with the independent custody visitors scheme.

Detainees were treated well on arrival, physical conditions were good and the suite was well controlled, although a lack of privacy and staff who took personal calls during interviews undermined the sense of professional focus. There was a proportionate and restrained use of handcuffs and strip-searching. Risk assessment was thorough and care planning was good. It was unfortunate that a recent closed-circuit television upgrade had not produced sufficiently clear images for effective remote monitoring. Detainees were well looked after in the cells but too much depended on them being aware of what they could ask for, and asking for it.

There were some problems with delays in accessing interpretation. There was good UK Border Agency engagement with those held on immigration issues from the borough but less so for those from outside it. There was sufficient access to telephones to contact family and to legal advice. The virtual court system was being used effectively, but still seemed to result in people being held for longer in police custody, especially when they were remanded into custody by the court.

The primary health care service was good and was appreciated by detainees, although clinical governance and audit were not clearly defined. There was also good access to the substance misuse service and to mental health provision, with a promising pilot diversion and liaison scheme. Staff, however, need to have some training in mental health awareness.

Overall, the borough's custody operation was sound and well organised. Outcomes for detainees were positive across many aspects of detention. There was room for further improvement, particularly through a focused and more proactive approach by staff to the welfare of those detained, as well as attention to staff training and more thorough quality assurance. This report sets out a small number of recommendations that we hope will assist the Metropolitan Police Service and the Mayor's Office for Policing and Crime to improve the facilities further. We expect our findings to be considered in the wider context of priorities and resourcing, and for an action plan to be provided in due course.

Sir Denis O'Connor
HM Chief Inspector of Constabulary
July 2012

Nick Hardwick
HM Chief Inspector of Prisons

2. Background and key findings

2.1 The Metropolitan Police Service (MPS) operates 53 custody suites, 24 hours a day, to deal with the majority of detainees arrested during normal daily policing. A further 20 are reserved as 'overflow custody suites' and are used for various operational purposes. These include: charging centres for football matches, a fallback when maintenance work requires closure of another 24-hour suite, other operational demands over and above custody core business and Operation Safeguard (overflow from prisons), when activated. In total, the MPS has 74 custody suites designated under the Police and Criminal Evidence Act 1984 (PACE) for the reception of detainees.

2.2 This unannounced inspection was conducted at the police custody suite in the MPS borough operational command unit (BOCU) of Bromley. We examined force-wide and BOCU custody strategies, as well as treatment and conditions, individual rights and health care in the custody suite. The custody suite, located in the centre of Bromley, had 30 cells and was open 24 hours a day. It had received 3,677 detainees in the previous six months. In the same period, 43 immigration detainees had been held.

2.3 A survey of prisoners at HMP High Down and HMP Belmarsh who had formerly been detained in the custody suite was conducted by an HM Inspectorate of Prisons researcher and inspector (see Appendix II).[1]

Strategy

2.4 There was a robust structure for strategic governance of the custody function, with regular meeting cycles at appropriate levels. Managers were visible, and a permanent team, deployed flexibly in response to typical detainee numbers, covered almost all of the staffing requirement through the year. Different shift times for the designated detention officers (DDOs) and custody assistants (see paragraph 3.8) were a disadvantage. There were some gaps in training, and custody assistants received insufficient formal training.

2.5 Quality assurance of custody records and handovers took place but was not sufficiently thorough. There was room for improvement in the systems for communicating to staff the learning from operational incidents. The routines for checking and ensuring the maintenance of the premises were effective. There was good partnership working, and effective links with the UK Border Agency.

[1] **Inspection methodology:** There are five key sources of evidence for inspection: observation; detainee surveys; discussions with detainees; discussions with staff and relevant third parties; and documentation. During inspections, we use a mixed-method approach to data gathering, applying both qualitative and quantitative methodologies. All findings and judgements are triangulated, which increases the validity of the data gathered. Survey results show the collective response (in percentages) from detainees in the establishment being inspected compared with the collective response (in percentages) from respondents in all establishments of that type (the comparator figure). Where references to comparisons between these two sets of figures are made in the report, these relate to statistically significant differences only. Statistical significance is a way of estimating the likelihood that a difference between two samples indicates a real difference between the populations from which the samples are taken, rather than being due to chance. If a result is very unlikely to have arisen by chance, we say it is 'statistically significant'. The significance level is set at 0.05, which means that there is only a 5% chance that the difference in results is due to chance. (Adapted from Towel et al (eds), *Dictionary of Forensic Psychology.*)

Treatment and conditions

2.6 Staff managed the suite well and were generally courteous and positive with their dealings with detainees, although there was insufficient privacy for the initial interview and we observed staff taking personal calls while interviewing detainees.

2.7 Provision for women and young people was satisfactory in most but not all respects. Provision for those with disabilities was limited, and no prayer mats were available.

2.8 Risk assessments were carried out thoroughly, in spite of the restricted privacy. A recent closed-circuit television (CCTV) system update was not producing clear images on the monitors. Observations and shift handovers were generally effective in identifying and communicating information about risk. Staff were focused on pre-release risk assessment, and in general it was carried out well. Reasonable care was taken to provide support for those needing it on release, although this was not always clear in records The use of force appeared proportionate and well controlled, although systematic records of it were not kept.

2.9 All cells and showers were in good condition and clean. The use of cell call bells was clearly explained and they were answered promptly. In general, however, facilities such as showers, extra bedding, reading materials and exercise were provided only on request. Food, drink and clothing were provided appropriately.

Individual rights

2.10 Detention was properly authorised and inspectors took care over the statutory reviews, but detainees who had been reviewed while asleep were often not informed of the review in the morning. Appropriate adults (AAs) were available to support children, other than late at night. Telephone interpreting was not always available in the required language. Immigration detainees from the borough were dealt with promptly. Detainees were enabled to contact family, staff effectively supported the provision of legal advice, and PACE requirements were complied with. The virtual court (by video-link to Bromley Magistrates' Court) was used effectively but its effect was sometimes to prolong the time spent in police custody.

2.11 Detainees were not routinely told how to make a complaint and the arrangements for taking complaints was poor.

Health care

2.12 Response times from the forensic medical examiners (FMEs) were good, and the quality of service was high, although female doctors were not always available to detained women. Clinical governance arrangements were unclear and the secure handling of clinical records needed attention, but the clinical environment was generally sound. Medicines were generally well managed and all emergency equipment was checked regularly. Detainees were satisfied with the care given.

2.13 The substance misuse service remit included those with alcohol problems, and there was good access to drug workers within effective multi-agency working arrangements. Mental health provision was good, and those removed to a place of safety under section 136 of the Mental

Health Act 1983[2] were managed appropriately. There were gaps in mental health awareness training.

Main recommendations

2.14 Arrangements in booking-in areas should allow for private communication between detainees and staff, which should not be interrupted by personal telephone calls.

2.15 Custody staff should have appropriate training to recognise and take appropriate action when a detainee may have mental health problems, and work effectively with health staff to ensure a detainee's care.

National issues

2.16 Appropriate adults should be available without undue delay to support juveniles aged 17 and under and vulnerable adults in custody, including out of hours.[3]

[2] Section 136 enables a police officer to remove someone from a public place and take them to a place of safety – for example, a police station. It also states clearly that the purpose of being taken to the place of safety is to enable the person to be examined by a doctor and interviewed by an approved social worker, and for the making of any necessary arrangements for treatment or care.

[3] Although this met the current requirements of PACE, in all other UK law and international treaty obligations, 17-year-olds are treated as juveniles. The UK government has committed to bringing PACE into line as soon as a legislative slot is available.

3. Strategy

Expected outcomes:
There is a strategic focus on custody that drives the development and application of custody specific policies and procedures to protect the wellbeing of detainees.

Strategic management

3.1 The MPS had a Criminal Justice Directorate (CJD), led by a commander within territorial policing headquarters. A superintendent was responsible for the day-to-day management of the CJD.

3.2 Responsibility for day-to-day management of Bromley's custody suite and delivery of services had been devolved to the BOCU, and accountability therefore rested with the BOCU commander, who was a chief superintendent. The Mayor's Office for Policing and Crime (MOPC) had taken over from the Metropolitan Police Authority (MPA) but there was no MOPC lead for custody.

3.3 The CJD had an inspection function for audit and compliance, health and safety and the implementation of *Safer Detention and Handling of Persons in Police Custody 2006* (SDHP) guidance. The commander in the CJD sat on the programme board for SDHP and was focused on ensuring an emphasis on 'professionalising custody'.

3.4 Policies were signed off at a strategic command level within the MPS, and the CJD provided standard operating procedures (SOPs) which supported the delivery of force policies by custody suites in each Metropolitan Police custody suite. The SOPs covered a broad spectrum of matters, including use of police custody, use of CCTV and guidance to custody staff on the supervision of detainees. They were designed to assist BOCUs to deliver consistent levels of service.

3.5 Strategic leadership of the custody function for the borough of Bromley was provided by the borough commander. At the senior leadership team (SLT) level there was an operations superintendent leading for the custody function, line-managing the prosecutions manager, who had day-to-day responsibility for custody. The prosecutions manager line-managed a dedicated custody manager, who was an inspector. There was good visibility of the SLT in custody.

3.6 There was one designated full-time custody suite for the borough of Bromley, located in Bromley, providing a capacity of 30 cells. The facility was managed under a private finance initiative (PFI) arrangement with John Laing Integrated Service Ltd. The custody inspector undertaking the custody manager function was full time in this role, and was supported by a deputy custody manager. The custody manager line-managed the custody sergeants and deputy custody manager.

3.7 The CJD had facilitated an organisational self-assessed risk register for all MPS custody suites. The BOCU commander had ownership of the risks and had introduced measures to mitigate them. All of these measures had been put into practice. The register was regularly reviewed by the operations superintendent.

3.8 Staffing levels in the custody suite were adequate and comprised permanent custody sergeants, working a variable shift pattern. The custody sergeants were supported by permanent DDOs. In addition, John Laing provided custody assistants, who were responsible for the ongoing care and welfare of detainees. DDOs undertook booking-in duties, supervised by custody sergeants. Resilience within the staffing of custody units was provided by response sergeants for custody sergeants, and police constable (PC) gaolers for DDOs and custody assistants. There were plans for custody assistants to be trained to become DDOs and therefore trained to book in detainees.

3.9 There was an effective and inclusive meeting structure for custody issues. An SLT member chaired three times daily 'grip and pace' meetings which were focused mainly on operational priorities but contained standard reference to constant supervision. The custody manager or his deputy attended these meetings, with the opportunity to raise custody issues as necessary. The operations superintendent chaired a quarterly custody project board, where the custody risk register was reviewed. Partners, including the chair of the independent custody visitors (ICV) panel, also attended this meeting. The custody manager chaired a quarterly custody officers meeting, to which DDOs and custody assistants were invited. Custody health and safety issues were discussed at the quarterly BOCU health and safety meeting, chaired by the BOCU commander, with successful interventions as a standing item.

3.10 There were quality assurance measures in place, and there was evidence of dip-sampling of custody records by the custody manager and members of the SLT. Dip-sampling was regular, recorded and auditable but appeared to be a 'tick-box' exercise, mostly focusing on operational compliance issues, with insufficient emphasis on the care of detainees and the management of risk, and did not incorporate person escort records. There was no dip-sampling of CCTV but the BOCU commander told us that there were plans to introduce this.

3.11 There were processes for dealing with successful interventions. A form was generated from the computer system in custody and passed on to the custody manager and CJD. However, the BOCU did not have a central repository for recording successful interventions and communication was mostly dependent on email. Independent Police Complaints Commission (IPCC) 'learning the lessons' information was input on the CJD area on the force intranet, with an expectation from management that staff would regularly visit the site to update themselves.

Recommendation

3.12 The Mayor's Office for Policing and Crime should allocate one member as lead for custody.

Housekeeping points

3.13 Dip-sampling of custody records should be more focused on the care of detainees and the management of risk, and include both the content of person escort records and cross-referencing to closed-circuit television recordings.

3.14 The borough should develop a custody-specific link on the borough operational command unit intranet pages.

Partnerships

3.15 Partnership arrangements were described as good. There was effective dialogue with partners at a strategic level, with regular meetings between the BOCU commander and the chief executives of the local health trusts. There was SLT engagement with the courts through a court user group and virtual court meetings.

3.16 There was an established ICV scheme, and regular visits were undertaken. There was an excellent relationship between the ICVs and the BOCU, and visitors were admitted to the custody suite without delay. Issues raised by ICVs during visits were addressed promptly. The custody manager attended quarterly ICV panel meetings.

Learning and development

3.17 All DDOs and custody sergeants performing custody duties had received training before working in custody. Yearly mandatory training was provided, although there were several custody-trained sergeants who had not had refresher training in the previous 12 months. Custody assistants were trained alongside MPS staff for officer safety training and emergency life-saving training but no custody-specific training was provided for new custody assistants, although the MPS had provided specifications for such training to the contractor.

Recommendation

3.18 Training for custody assistants should be reviewed to ensure that it is fit for purpose and commensurate with the training delivered to others working within custody.

Housekeeping point

3.19 There should be management oversight of refresher training, to ensure that all staff working in custody receive regular refresher training at least annually.

4. Treatment and conditions

Expected outcomes:
Detainees are held in a clean and decent environment in which their safety is protected and their multiple and diverse needs are met.

Respect

4.1 All of the custody staff we observed treated detainees courteously and with consideration, even when dealing with particularly challenging people. However, we saw staff taking personal calls on their mobile telephones while booking detainees in, in spite of signs instructing them to turn telephones off.

4.2 The suite had a caged holding room where arresting officers waited with their detainees until called forward by a member of custody staff. During the inspection, this area, at times, held three detainees simultaneously, and we were told that it was not uncommon to hold more.

4.3 Once in the booking-in area, the levels of privacy were poor. The suite sometimes became busy, with an assortment of visitors, including AAs, solicitors, interpreters, health care workers and police officers. It was not clear whether all of these people needed to be in the custody area at these times. Many people (non-uniformed) in the area were not wearing easily visible identification badges.

4.4 Detainees were asked to disclose sensitive personal information at the booking-in desk, often with other people being booked in at the same time, or in the general vicinity. In our custody record analysis, 30% of the sample had self-harm or suicide issues, so the lack of privacy increased the possibility that such detainees would not share personal information of relevance to the risk assessments carried out by custody staff. The suite did not have a lower booking-in desk which could be used to process detainees with specific needs, or any other area that could afford additional privacy.

4.5 Female detainees were always given the opportunity of talking to a female member of staff, and this observation was supported through the custody record analysis. All detainees were asked about dependency issues during the booking-in process. Custody staff were sympathetic when such issues were raised and assisted detainees in making alternative arrangements when needed.

4.6 Custody staff spoke to juveniles in a patient, age-related manner but mainly treated them similarly to adults, although they placed them in cells in close proximity to the booking-in desk. Juveniles were frequently detained in cells overnight. Custody staff had not received any specific child protection training.

4.7 Bibles and Qur'ans were available, and the direction of Mecca was indicated in cell corridors. However, there were no prayer mats.

4.8 There was no accommodation for detainees with disabilities, and no hearing loops or Braille documentation.

Recommendation

4.9 There should be clear policies and procedures to meet the specific needs of female and juvenile detainees and those with disabilities.

Housekeeping points

4.10 All staff in the booking-in area should wear easily visible identification badges.

4.11 A prayer mat should be made available for use and stored respectfully.

4.12 There should be a hearing loop available in the booking-in area and all custody staff should be made aware of how to operate it.

Safety

4.13 In our custody record analysis, it was not clear in all of the records whether the Police National Computer or the force's local intelligence system had been checked for relevant information about the risks associated with the detainee. However, our observations suggested that this was done during the booking-in procedure and the initial risk assessments. Officers conducting the risk assessments asked detainees questions in a patient, reassuring manner and encouraged them to elaborate their answers. The assessments we saw were generally balanced and proportionate, although hampered by the lack of privacy in the booking-in area (see paragraph 4.4). There was some evidence that the level of risk was kept under constant review and that care plans were revisited and updated in the light of any new information. However, during the inspection a large number of detainees were subject to 30-minute checks, to such an extent that this appeared to be the default position. Few detainees were on 60-minute checks.

4.14 Custody staff carried out checks diligently and at irregular intervals, in accordance with care plans, and recorded them in custody logs. The staff we spoke to knew how to check detainees and use proper rousing to elicit responses. Several constant supervisions were undertaken during the inspection. Staff undertaking this duty were efficient and knowledgeable about their task and the detainee, and a detailed log was kept. All custody staff carried 'single use' anti-ligature knives.

4.15 Almost all cells were monitored by CCTV. We were told that this had recently been upgraded to digital recording, although the quality of the image on the custody bridge screens was poor and no member of staff was able to operate the system effectively. There was no evidence to suggest that CCTV was used in place of personal checks.

4.16 The shift patterns allowed for a handover period which enabled the outgoing custody sergeant to brief most of the incoming team at the start of each shift. The quality of staff handovers was good. The custody staff cleared the booking-in area of all non-custody staff beforehand, and the handover was then recorded by CCTV (which had an audio capability). However, the handover briefing did not include the custody assistants, who, although working a different shift pattern, were available at the time of the briefing.

4.17 The custody record system in use incorporated a pre-release risk assessment (PRRA) prompt for custody sergeants to complete, and a PRRA was completed before detainees left the custody suite. Good use was made of local contacts to provide relevant assistance to

vulnerable detainees. This was usually signposted through a notice known as Form 61, although this was available only in English.

4.18 Our custody record analysis revealed that a PRRA had been completed in 22/30 (73%) cases. In the eight records in which a PRRA had not been completed, four detainees had gone straight to court, thus negating the need for the assessment, but in the other four records the release details of the detainees were unclear. In the PRRAs completed, there were few references to how detainees were getting home, including females and young people. However, it was clear that other factors were occasionally taken into consideration, even in cases where the detainee presented no risk. For example, one PRRA stated: *'…the following conditions were considered on release: released at an appropriate time of day, no adverse weather conditions, released in clothing worn at time of arrest, no travel risks home, minor offence with no impact on life or emotions of dp* [detained person]*, appropriate accommodation available, dp did not make any medical disclosures or comments on release'.'*

Recommendations

4.19 Managers should quality assure the risk assessment procedure, to satisfy themselves that the 30-minute check is not becoming the default position.

4.20 The closed-circuit television system should be maintained to provide a clear image, and custody staff trained to operate it effectively.

Housekeeping points

4.21 The handover briefing should include all custody staff.

4.22 Pre-release leaflets should be available in a range of languages.

Use of force

4.23 All custody staff received annual training in the use of force. We were told that detainees were not routinely seen by a health care professional after force had been used, unless an injury had been sustained or the detainee requested it.

4.24 Not all detainees arrived at the custody suite in handcuffs; those who did, rarely had these removed without custody sergeant authorisation. Although some of the police officers we spoke to understood the need for handcuffing to be justified, necessary and proportionate, others said that they would use them routinely to bring people into the custody suite.

4.25 We were told that force was used in custody infrequently, and staff that we spoke to placed a strong emphasis on the need to de-escalate situations and only used force as a last resort. When force was used, no centralised record was kept, with a record being made only in the custody record and officer's notebook. The borough was therefore not able to analyse any trends in use of force.

4.26 Risk assessment information was used to inform decisions about whether to carry out strip-searches. These had to be authorised by a custody sergeant and were conducted in cells that were not covered by CCTV. We observed a custody officer declining an arresting officer's request to carry out a strip-search and we were satisfied that custody sergeants took an

informed decision in this area. In the previous six months, 269 detainees out of 3,677 (7%) had been strip-searched.

Recommendation

4.27 The Metropolitan Police should collate the use of force data in accordance with the Association of Chief Police Officers policy and National Policing Improvement Agency guidance.

Housekeeping point

4.28 Police officers should receive clear guidance on the criteria for handcuffing people they bring into the custody suite.

Physical conditions

4.29 All cells were in a good condition, clean and appropriately heated and ventilated. There was minimal graffiti and there were no ligature points. Cells were cleaned daily, and there were arrangements for deep cleaning to take place when required.

4.30 Daily maintenance inspection checks were carried out by DDOs, and weekly checks by custody managers. All checks were recorded and auditable and there were no gaps in the process. Regular checks were undertaken by members of the SLT. John Laing also had a comprehensive inspection regime, which complemented police checks.

4.31 All cells had functioning cell call bells, which were checked daily, and custody staff explained their use to detainees. We saw staff responding promptly to call bells.

4.32 No member of staff could recall having been involved in a fire drill and we found no record of any having taking place. However, some staff understood their duties in the event of a fire. A no-smoking policy was enforced in the suite but nicotine replacement was not available to detainees.

Recommendation

4.33 Regular fire evacuation drills should be carried out and recorded.

Detainee care

4.34 All cells contained a mattress and a pillow. These were routinely wiped down between uses. Clean blankets were also provided.

4.35 All cells contained a toilet but no hand-washing facilities. The toilet area was obscured on CCTV monitors, although detainees were not always informed of this. We saw a female detainee who had been detained for several hours asking to use a toilet but declining to use the one in the cell as she believed she could be observed. It was only then explained to her that the toilet area was obscured on the CCTV monitors. Toilet paper was provided on request.

4.36 Clean and hot showers were available but appeared to be rarely used. In our survey, only 4% of respondents said that they had been offered a shower. Our custody record analysis showed that only one detainee had been offered a shower; two detainees who had been in custody for over 48 hours had not. However, custody staff indicated that any detainee would be able to take a shower if they requested it.

4.37 Hygiene items such as soap, toothbrushes, toothpaste and razors were available, and detainees were told about this, but female detainees were not routinely offered feminine hygiene products. None of the women in our custody record analysis had been offered a female hygiene pack.

4.38 Detainees who had their clothing removed were given tracksuit tops and bottoms, and plimsolls. Replacement underwear was available for women but not for men.

4.39 Detainees generally received meals at recognised mealtimes, usually provided by the police station canteen. When this facility was unavailable there was a selection of reasonable-quality microwave meals available which catered for various dietary needs, such as halal and vegetarian. Tea, coffee and water were available on request. In our survey, 48% of detainees who had been offered food and/or drinks said that it had been suitable for their dietary requirements, which was in line with the comparator.

4.40 The custody suite had two exercise yards. Staff told us that detainees were usually given exercise if they requested it, but in our survey only 6% of respondents had taken exercise during their time in the custody suite. Two detainees in our custody record analysis sample had been given outside exercise, one of whom was a juvenile with a history of self-harming and the other was a female who had disclosed that she suffered from claustrophobia and might become agitated if she was left alone for long periods.

4.41 The selection of reading material was reasonable but it was offered only on request, and there was little available that was age appropriate or in languages other than English. We were told that detainees were often permitted to keep the books they had been reading. The custody record analysis indicated that six detainees had been provided with reading materials.

Recommendation

4.42 All detainees held overnight, or who require one, should be offered a shower.

Housekeeping points

4.43 Detainees should be informed that they are not under observation on CCTV while using the toilet.

4.44 Toilet paper should be available in each cell, and feminine hygiene products should be routinely offered to female detainees.

4.45 Male replacement underwear should be made available.

4.46 Reading materials suitable for a range of detainees, including young people, those whose first language is not English and those with limited literacy skills, should be made available.

5. Individual rights

Expected outcomes:
Detainees are informed of their individual rights on arrival and can freely exercise those rights while in custody.

Rights relating to detention

5.1 Custody sergeants questioned arresting officers about the reasons and necessity for arrest. There was some evidence of consideration of alternatives to custody, such as warnings for juveniles and, to a much lesser degree, the voluntary attendance procedure. Custody officers said that they rarely refused detention of a suspect entering the suite. We observed sergeants and DDOs carrying out the booking-in procedures, although custody was always authorised by a sergeant.

5.2 The force had a good relationship with the UK Border Agency (UKBA), and a UKBA officer was on site at the custody suite. He was generally restricted to managing immigration cases involving detainees who had been arrested in the borough of Bromley. Those arrested outside the borough were mostly referred to the local UKBA office for immigration matters to be investigated and managed. We observed that intervention by the onsite officer reduced the length of time that immigration detainees were held in police custody to one day, whereas, we were told, those referred to the local office could remain in custody for up to four days.

5.3 Leaflets about legal rights were available in several languages and were easily accessible on the national strategy for police information systems (NSPIS). A professional telephone interpreting service was available, used through two-handset telephones, and a face-to-face interpreting service. During the inspection, there were difficulties in arranging interpreting services for two Albanian detainees, as the interpreting service had no one available to assist. This led to long delays in informing these detainees of their rights in their own language, and in interviewing them. We saw interpreting services being used to inform detainees of their rights, for medical matters and for interviews.

5.4 The police custody suite was not used as a place of safety under section 46 of the Children Act 1989. [4]

5.5 The force adhered to the PACE definition of a child instead of that in the Children Act 1989, which meant that those aged 17 were not provided with an appropriate adult (AA) unless they were otherwise deemed vulnerable (see recommendation 2.16). Family members were usually the first consideration when an AA was required for juveniles or vulnerable adults. When this was not possible, custody staff contacted social services, which provided a service seven days a week; however, AAs were not available after midnight for either juveniles or vulnerable adults. Staff told us that they had difficulty in obtaining the services of AAs for adults with mental health problems and we observed this happening during the inspection, resulting in long delays for the two detainees involved. A nurse from the Stepping Stones local mental health service who was on duty at the suite at the time, assisted in obtaining the services of an AA to enable interviews to proceed.

[4] Section 46(1) of the Children Act 1989 empowers a police officer, who has reasonable cause to believe that a child would otherwise be likely to suffer significant harm, to remove the child to suitable accommodation and keep him/her there.

5.6 Custody sergeants told us that they often contacted social services for secure accommodation beds, to prevent juveniles from being held in police custody overnight, but were always refused. They did not consider the use of non-secure beds for vulnerable juveniles who did not require secure accommodation but somewhere safe to stay.

Recommendation

5.7 The Metropolitan Police should engage with the local authority to ensure the provision of safe beds for juveniles who have been charged but cannot be bailed to appear in court.

Rights relating to PACE

5.8 We observed detainees being told about the PACE codes of practice during booking in, although available copies were out of date. Solicitors were called promptly. When detainees declined the services of a solicitor, we saw staff assuring them that they could change their mind later if they wished. The duty solicitor scheme appeared to operate effectively. Reasons for declining legal advice had been recorded in only 35% of the custody records we examined. Detainees were able to contact and receive calls from their solicitors by telephone but there was limited privacy, as the calls were made in the booking-in area. There were sufficient consultation rooms. Detainees and solicitors could easily obtain a copy of the detainee's custody record. The duty solicitor scheme did not include solicitors specialising in immigration matters. Immigration detainees could only access telephone advice and were required to find their own solicitors.

5.9 When booking in, detainees were told that they could inform someone of their arrest, and staff facilitated telephone calls promptly. Detainees were permitted to make several telephone calls during their stay in custody, particularly when they had to arrange for children to be collected from school and other domestic matters.

5.10 We observed several reviews of detention by inspectors; these were thorough, considered all the available information and most were on time. However, the records we analysed revealed a number of cases where inspectors had conducted reviews while the detainee had been asleep. In these instances, there was no evidence that the detainees had later been informed of these reviews. Detainees were not interviewed while under the influence of alcohol or drugs.

5.11 A virtual court had been installed in the custody suite, although we did not see it in use. The aim was to enable up to eight detainees daily to be put before the courts quickly, thus reducing their time spent in custody. However, detainees who were released from court had to be processed by the custody sergeants, causing disruption at busy times. Detainees who were remanded in custody were brought back into police custody rather than being taken straight to prison and we were told that this could extend their time in custody by 24 hours or more.

5.12 The handling and processing of DNA and forensic samples were well managed and there was an effective process for the prompt collection of samples.

5.13 Court cut-off times were around 3pm on weekdays and 10am on Saturdays. We noted on the first day of the inspection that several detainees had been kept in custody over the weekend because they had not been able to access courts before the cut-off time on the previous Saturday.

Recommendations

5.14 Up-to-date copies of the PACE codes of practice should be provided.

5.15 The duty solicitor scheme should include solicitors specialising in immigration matters.

5.16 Detainees remanded in custody by the virtual court should be transferred to prison without delay.

Housekeeping points

5.17 Detainees should be able to make telephone calls to legal representatives in private.

5.18 Detainees should be informed of any reviews carried out while they were sleeping, and a record to this effect should be made in the custody record.

Rights relating to treatment

5.19 Detainees were not routinely told how to make a complaint. There was a general expectation from management that complaints would be taken while detainees were still in custody; however, custody staff told us that complainants were often directed to attend the front counter of the police station on release. The borough received information on complaints but there was no breakdown of those relating to custody, so there was no analysis of trends and themes.

Recommendation

5.20 Detainees should be routinely informed about how they can make a complaint about their care and treatment, and be able to do this before they leave custody. The force should monitor and analyse trends in complaints, and take corrective action where necessary.

6. Health care

Expected outcomes:
Detainees have access to competent health care professionals who meet their physical health, mental health and substance use needs in a timely way.

Governance

6.1 Forensic medical examiners (FMEs) employed by the MPS provided health care services. Our survey indicated that 46% of detainees used the health services in police custody. Mental health services were provided by Oxleas Mental Health NHS Foundation Trust and substance misuse services were provided by the Crime Reduction Initiative (CRI), an independent sector provider. There were few performance indicators for the FME service. Police inspectors managed the strategic approach to mental health and substance misuse services.

6.2 Detainees told us that clinical and substance misuse staff were respectful. They had access to interpreting services if required. Female detainees did not always have access to FMEs of their own gender, in which case female officers acted as chaperones. In our survey, 50% of detainees (against a comparator of 30%) rated the quality of care as good or very good. There had been no complaints about health care in the previous 12 months.

6.3 Clinical governance arrangements for FMEs were not clear, although the force had introduced a new medical director, who, we were told, was working on introducing more robust systems and transparency. For example, although the Metropolitan Police did not provide continuing professional development (CPD) activity for doctors, FMEs were required to supply details of their CPD activity to the medical director. An FME we spoke to assured us that she received appropriate training from the Faculty of Forensic and Legal Medicine. Not all FMEs were approved clinicians under section 12 of the Mental Health Act. Officers were unaware how FMEs received clinical supervision or annual appraisal.

6.4 The clinical room was of a good size, with natural light; it was well decorated and fixtures and fittings were of a high standard. There was good attention to the privacy and confidentiality of detainees during consultations, with the doors being closed, although a privacy screen was not available. Some minor items in the room did not meet infection control standards – for example, wipeable chairs, sink drains and hand-washing instructions. The room was clean and there was a cleaning schedule. Medical equipment and supplies were in date, overall stock control was good and cupboards well organised. Sharps bins were not secured to the wall or signed and dated on start of use. The health care and substance use rooms were not used by custody staff and were locked when not in use. There were no patient information leaflets in the clinical room (although there were in the substance use room) and no health screening or promotion materials on display.

6.5 Medicines management was generally good, although some minor issues required attention. Stock in the medical room was in date and well organised, although stored in a locked, wooden cabinet. Divertible medications were stored in a safe on the custody bridge but this was not bolted to the fabric of the building and could be moved by hand. The content of the safe was subject to good accounting processes, although all blister packs had been removed from boxes to assist with counting. This meant that the contents of packs were mixed together, which could cause difficulties in auditing following an untoward event. The custody sergeant agreed to take action to remedy the issues. FMEs were able to supply and administer a range of medications, and to dispense others to be given at a later date by custody staff. Custody

staff administered medications only when they had been prescribed and dispensed by a doctor. Ongoing doses of prescribed medications were stored in sealed, labelled bags which were stored in a locked cabinet. Counts of diazepam (a sedative) and dihydrocodeine (an analgesic) were accurate. There were refrigerators for the storage of heat-sensitive products but they did not have temperature sensors and there were no records of checks. Stock levels of adrenaline (used to treat anaphylaxis) were high and possibly oversupplied.

6.6 In our survey, of detainees already taking medication, 32% had been able to continue it while in custody. Custody staff made attempts to retrieve medications from the detainee's home if necessary. There was no consistency or continuity for detainees who were on a programme of supervised consumption of methadone. Symptomatic relief was prescribed for those withdrawing from substances.

6.7 Emergency equipment was available in the custody suite and included a first-aid kit, resuscitation equipment and an automated external defibrillator (AED), which were easily accessible. All emergency equipment was checked regularly. The custody staff we spoke to were up to date with their first-aid and resuscitation training.

Recommendations

6.8 Detainees should be able to see a female health professional on request.

6.9 The clinical room should be subject to an infection control audit.

6.10 If it is clinically indicated, methadone should be available to detainees, in line with national guidelines.

Housekeeping points

6.11 Privacy screens should be provided in the clinical room.

6.12 Patient information leaflets should be accessible in the clinical room.

6.13 The refrigerators for the storage of heat-sensitive clinical products in the clinical room should have their maximum and minimum temperatures recorded daily, to ensure that such items are stored within the 2–8°C range.

Patient care

6.14 There was a 24-hour service, with FMEs undertaking shifts. At the time of the inspection, the FME was based at Bromley and was immediately available to see detainees. FMEs occasionally visited other custody suites in the London area on demand.

6.15 New arrivals in custody were asked if they wanted to see a health care professional, or custody officers referred them to one if they presented any health-related concerns. Our survey of custody records indicated that 37% of detainees had been seen by a health care professional. Call-out and response times were entered into the custody record, although data were incomplete. In our sample, the average response time was one hour 38 minutes, the longest being over three hours. Central monitoring indicated a response time of just below one hour. Custody staff expressed no concerns about the availability of an FME.

6.16 Clinical assessments and treatments appeared to be appropriate. FMEs used paper records to record consultations and contributed to the NSPIS custody records. The FME we spoke to told us that she stored clinical records at home in accordance with Royal College of General Practitioners guidance and the Data Protection Act. There was no auditing of clinical records and it was unclear how the MPS could assure itself that all clinical records were being stored in line with data protection requirements.[5] Custody staff expressed satisfaction with the medical guidance placed on NSPIS.

Recommendation

6.17 All clinical records should be stored in accordance with the Data Protection Act and Caldicott principles to ensure confidentiality of personal health information.

Substance use

6.18 In our survey, 62% of respondents said that they had a drug or alcohol problem. An analysis of custody records indicated that 23% of detainees were intoxicated when brought into custody and, in our survey, 39% said that they had been offered the chance to see a drug worker. There were good multi-agency working arrangements to ensure that substance users could readily access the relevant services for their need.

6.19 Crime Reduction Initiative (CRI) staffed a non-intensive drug intervention programme and also provided services to the court. Drug workers visited the custody suite frequently during the day and would attend within 15 minutes following a telephone request from custody staff. They visited every cell to ask detainees if they wanted assistance. Out of hours, custody staff contacted the helpline to make appointments for detainees. CRI also provided service for detainees whose problems related to alcohol. Juveniles were signposted to services for young people. Substance users were offered an extensive variety of programmes following release, and detainees who needed it were signposted to needle exchange services in the community.

Mental health

6.20 In our survey, 12% of detainees said that they had mental health problems. Partnership working with Oxleas was said to be good. There was a new pilot diversion and liaison scheme in police custody. Police custody staff were keen to ensure that the pilot was made permanent, as it had substantially assisted in providing appropriate care and diversion. Performance data were not yet available. The emergency duty team provided Mental Health Act assessments and we were told that it was responsive, although there were delays out of hours. There was a section 136 (see footnote on page 9) agreement and guidance for the police. The NHS section 136 suite was at Green Parks House. Police custody had been used as a place of safety once in the previous two years for the purposes of section 136. Most detainees taken to the section 136 suite were subsequently detained under the Mental Health Act, suggesting that section 136 was being used appropriately by the police. Regular mental health training for custody staff had been withdrawn over a year before the inspection, to enable updating of the programme, but it had yet to be reintroduced.

[5] The Caldicott review (1997) stipulated certain principles and working practices that health care providers should adopt to improve the quality of, and protect the confidentiality of, service users' information.

7. Summary of recommendations

Main recommendations

7.1 Arrangements in booking-in areas should allow for private communication between detainees and staff, which should not be interrupted by personal telephone calls. (2.14)

7.2 Custody staff should have appropriate training to recognise and take appropriate action when a detainee may have mental health problems, and work effectively with health staff to ensure a detainee's care. (2.15)

National issues

7.3 Appropriate adults should be available without undue delay to support juveniles aged 17 and under and vulnerable adults in custody, including out of hours. (2.16)

Recommendations

Strategy

7.4 The Mayor's Office for Policing and Crime should allocate one member as lead for custody. (3.12)

7.5 Training for custody assistants should be reviewed to ensure that it is fit for purpose and commensurate with the training delivered to others working within custody. (3.18)

Treatment and conditions

7.6 There should be clear policies and procedures to meet the specific needs of female and juvenile detainees and those with disabilities. (4.9)

7.7 Managers should quality assure the risk assessment procedure, to satisfy themselves that the 30-minute check is not becoming the default position. (4.19)

7.8 The closed-circuit television system should be maintained to provide a clear image, and custody staff trained to operate it effectively. (4.20)

7.9 The Metropolitan Police should collate the use of force data in accordance with the Association of Chief Police Officers policy and National Policing Improvement Agency guidance. (4.27)

7.10 Regular fire evacuation drills should be carried out and recorded. (4.33)

7.11 All detainees held overnight, or who require one, should be offered a shower. (4.42)

Individual rights

7.12 The Metropolitan Police should engage with the local authority to ensure the provision of safe beds for juveniles who have been charged but cannot be bailed to appear in court. (5.7)

7.13 Up-to-date copies of the PACE codes of practice should be provided. (5.14)

7.14 The duty solicitor scheme should include solicitors specialising in immigration matters. (5.15)

7.15 Detainees remanded in custody by the virtual court should be transferred to prison without delay. (5.16)

7.16 Detainees should be routinely informed about how they can make a complaint about their care and treatment, and be able to do this before they leave custody. The force should monitor and analyse trends in complaints, and take corrective action where necessary. (5.20)

Health care

7.17 Detainees should be able to see a female health professional on request. (6.8)

7.18 The clinical room should be subject to an infection control audit. (6.9)

7.19 If it is clinically indicated, methadone should be available to detainees, in line with national guidelines. (6.10)

7.20 All clinical records should be stored in accordance with the Data Protection Act and Caldicott principles to ensure confidentiality of personal health information. (6.17)

Housekeeping points

Strategy

7.21 Dip-sampling of custody records should be more focused on the care of detainees and the management of risk, and include both the content of person escort records and cross-referencing to closed-circuit television recordings. (3.13)

7.22 The borough should develop a custody-specific link on the borough operational command unit intranet pages. (3.14)

7.23 There should be management oversight of refresher training, to ensure that all staff working in custody receive regular refresher training at least annually. (3.19)

Treatment and conditions

7.24 All staff in the booking-in area should wear easily visible identification badges. (4.10)

7.25 A prayer mat should be made available for use and stored respectfully. (4.11)

7.26 There should be a hearing loop available in the booking-in area and all custody staff should be made aware of how to operate it. (4.12)

7.27 The handover briefing should include all custody staff.(4.21)

7.28 Pre-release leaflets should be available in a range of languages. (4.22)

7.29 Police officers should receive clear guidance on the criteria for handcuffing people they bring into the custody suite. (4.28)

7.30 Detainees should be informed that they are not under observation on CCTV while using the toilet. (4.43)

7.31 Toilet paper should be available in each cell, and feminine hygiene products should be routinely offered to female detainees. (4.44)

7.32 Male replacement underwear should be made available. (4.45)

7.33 Reading materials suitable for a range of detainees, including young people, those whose first language is not English and those with limited literacy skills, should be made available. (4.46)

Individual rights

7.34 Detainees should be able to make telephone calls to legal representatives in private. (5.17)

7.35 Detainees should be informed of any reviews carried out while they were sleeping, and a record to this effect should be made in the custody record. (5.18)

Health care

7.36 Privacy screens should be provided in the clinical room. (6.11)

7.37 Patient information leaflets should be accessible in the clinical room. (6.12)

7.38 The refrigerators for the storage of heat-sensitive clinical products in the clinical room should have their maximum and minimum temperatures recorded daily, to ensure that such items are stored within the 2–8°C range. (6.13)

Appendix I: Inspection team

Martin Kettle	HMIP team leader
Paul Davies	HMIC inspector
Mark Ewan	HMIC inspector
Gary Boughen	HMIP inspector
Karen Dillon	HMIP inspector
Paul Tarbuck	HMIP health care inspector
Susan Walker	CQC inspector
Olayinka Macauley	HMIP research officer

Appendix II: Summary of detainee questionnaires and interviews

Detainee survey methodology

A voluntary, confidential and anonymous survey of the prisoner population, who had been through a police station in the borough of Bromley, was carried out for this inspection. The results of this survey formed part of the evidence-base for the inspection.

Choosing the sample size

The survey was conducted on 30 April 2012. A list of potential respondents to have passed through Bromley or Orpington police stations was created, listing all those who had arrived from Bromley (London Road) Magistrates' Court and Bromley Youth Court within the previous three months.[6]

Selecting the sample

In total, 95 respondents were approached. Forty-five respondents reported being held in police stations outside of Bromley. On the day, the questionnaire was offered to 50 respondents; two questionnaires were returned blank and four were not returned. All of those sampled had been in custody within the previous three months.

Completion of the questionnaire was voluntary. Interviews were carried out with any respondents with literacy difficulties. No respondents required an interview.

Methodology

Every questionnaire was distributed to each respondent individually. This gave researchers an opportunity to explain the independence of the Inspectorate and the purpose of the questionnaire, as well as to answer questions.

All completed questionnaires were confidential – only members of the Inspectorate saw them. In order to ensure confidentiality, respondents were asked to do one of the following:

- to fill out the questionnaire immediately and hand it straight back to a member of the research team;
- have their questionnaire ready to hand back to a member of the research team at a specified time; or
- to seal the questionnaire in the envelope provided and leave it in their room for collection.

[6] Researchers routinely select a sample of prisoners held in police custody suites within the last two months. Where numbers are insufficient to ascertain an adequate sample, the time limit is extended up to six months. The survey analysis continues to provide an indication of perceptions and experiences of those who have been held in these policy custody suites over a longer period of time.

Response rates

In total, 44 (88%) respondents completed and returned their questionnaires.

Comparisons

The following details the results from the survey. Data from each police area have been weighted, in order to mimic a consistent percentage sampled in each establishment.

Some questions have been filtered according to the response to a previous question. Filtered questions are clearly indented and preceded by an explanation as to which respondents are included in the filtered questions. Otherwise, percentages provided refer to the entire sample. All missing responses were excluded from the analysis.

The current survey responses were analysed against comparator figures for all prisoners surveyed in other police areas. This comparator is based on all responses from prisoner surveys carried out in 54 police areas since April 2008.

In the comparator document, statistical significance is used to indicate whether there is a real difference between the figures – that is, the difference is not due to chance alone. Results that are significantly better are indicated by green shading, results that are significantly worse are indicated by blue shading and where there is no significant difference, there is no shading. Orange shading has been used to show a significant difference in prisoners' background details.

Summary

In addition, a summary of the survey results is attached. This shows a breakdown of responses for each question. Percentages have been rounded and therefore may not add up to 100%.

No questions have been filtered within the summary so all percentages refer to responses from the entire sample. The percentages to certain responses within the summary, for example 'Not held over night' options across questions, may differ slightly. This is due to different response rates across questions, meaning that the percentages have been calculated out of different totals (all missing data are excluded). The actual numbers will match up, as the data are cleaned to be consistent.

Percentages shown in the summary may differ by 1% or 2 % from that shown in the comparison data, as the comparator data have been weighted for comparison purposes.

Police custody survey

Section 1: About you

Q2 Which police station were you last held at?
Bromley (44)

Q3 How old are you?

16 years or younger	0 (0%)	*40-49 years*	8 (18%)
17-21 years	6 (14%)	*50-59 years*	4 (9%)
22-29 years	16 (36%)	*60 years or older*	0 (0%)
30-39 years	10 (23%)		

Q4 Are you:

Male	44 (100%)
Female	0 (0%)
Transgender/transsexual	0 (0%)

Q5 What is your ethnic origin?

White - British	31 (72%)
White - Irish	1 (2%)
White - other	5 (12%)
Black or black British - Caribbean	3 (7%)
Black or black British - African	0 (0%)
Black or black British - other	0 (0%)
Asian or Asian British - Indian	1 (2%)
Asian or Asian British - Pakistani	0 (0%)
Asian or Asian British - Bangladeshi	0 (0%)
Asian or Asian British - other	0 (0%)
Mixed heritage - white and black Caribbean	0 (0%)
Mixed heritage - white and black African	0 (0%)
Mixed heritage- white and Asian	0 (0%)
Mixed heritage - Other	1 (2%)
Chinese	1 (2%)
Other ethnic group	0 (0%)

Q6 Are you a foreign national (i.e. you do not hold a British passport, or you are not eligible for one)?

Yes	4 (10%)
No	38 (90%)

Q7 What, if any, is your religion?

None	16 (39%)
Church of England	16 (39%)
Catholic	3 (7%)
Protestant	0 (0%)

Other Christian denomination 3 (7%)
Buddhist 0 (0%)
Hindu 1 (2%)
Jewish 0 (0%)
Muslim 2 (5%)
Sikh 0 (0%)

Q8 How would you describe your sexual orientation?

Straight/heterosexual 43 (100%)
Gay/lesbian/homosexual 0 (0%)
Bisexual 0 (0%)

Q9 Do you consider yourself to have a disability?

Yes 8 (19%)
No 35 (81%)

Q10 Have you ever been held in police custody before?

Yes 42 (98%)
No 1 (2%)

Section 2: Your experience of the police custody suite

Q11 How long were you held at the police station?

Less than 24 hours 10 (23%)
More than 24 hours, but less than 48 hours (2 days) 16 (37%)
More than 48 hours (2 days), but less than 72 hours (3 days) 12 (28%)
72 hours (3 days) or more 5 (12%)

Q12 Were you told your rights when you first arrived there?

Yes 39 (89%)
No 3 (7%)
Don't know/can't remember 2 (5%)

Q13 Were you told about the Police and Criminal Evidence (PACE) codes of practice (the 'rule book')?

Yes 26 (59%)
No 13 (30%)
I don't know what this is/I don't remember 5 (11%)

Q14 If your clothes were taken away, what were you offered instead?

My clothes were not taken 28 (65%)
I was offered a tracksuit to wear 7 (16%)
I was offered an evidence/ paper suit to wear 3 (7%)
*I was **only** offered a blanket* 4 (9%)
Nothing 1 (2%)

Q15 Could you use a toilet when you needed to?

Yes 39 (91%)
No 4 (9%)
Don't know 0 (0%)

Q16 **If you used the toilet there, was toilet paper provided?**

Yes	18 (41%)
No	26 (59%)

Q17 **How would you rate the condition of your cell:**

	Good	*Neither*	*Bad*
Cleanliness	18 (41%)	15 (34%)	11 (25%)
Ventilation/air quality	9 (21%)	17 (40%)	16 (38%)
Temperature	14 (33%)	11 (26%)	17 (40%)
Lighting	24 (57%)	9 (21%)	9 (21%)

Q18 **Was there any graffiti in your cell when you arrived?**

Yes	20 (45%)
No	24 (55%)

Q19 **Did staff explain to you the correct use of the cell bell?**

Yes	14 (32%)
No	30 (68%)

Q20 **Were you held overnight?**

Yes	43 (98%)
No	1 (2%)

Q21 **If you were held overnight, which items of bedding were you given? (Please tick all that apply to you.)**

Not held overnight	1 (2%)
Pillow	23 (52%)
Blanket	40 (91%)
Nothing	3 (7%)

Q22 **If you were given items of bedding, were these clean?**

Not held overnight/did not get any bedding	4 (9%)
Yes	29 (66%)
No	11 (25%)

Q23 **Were you offered a shower at the police station?**

Yes	2 (5%)
No	42 (95%)

Q24 **Were you offered any period of outside exercise while there?**

Yes	3 (7%)
No	41 (93%)

Q25 **Were you offered anything to:**

	Yes	*No*
Eat?	38 (86%)	6 (14%)
Drink?	39 (89%)	5 (11%)

Q26 **What was the food/drink like in the police custody suite?**

Very good	*Good*	*Neither*	*Bad*	*Very bad*	*N/A*
0 (0%)	4 (9%)	6 (14%)	15 (34%)	16 (36%)	3 (7%)

Q27 Was the food/drink you received suitable for your dietary requirements?

I did not have any food or drink	3 (7%)
Yes	18 (44%)
No	20 (49%)

Q28 If you smoke, were you offered anything to help you cope with not being able to smoke? (Please tick all that apply to you.)

I do not smoke	4 (9%)
I was allowed to smoke	2 (5%)
I was offered a nicotine substitute	0 (0%)
I was not offered anything to cope with not smoking	38 (86%)

Q29 Were you offered anything to read?

Yes	8 (18%)
No	36 (82%)

Q30 Was someone informed of your arrest?

Yes	24 (55%)
No	15 (34%)
I don't know	2 (5%)
I didn't want to inform anyone	3 (7%)

Q31 Were you offered a free telephone call?

Yes	29 (66%)
No	15 (34%)

Q32 If you were denied a free phone call, was a reason for this offered?

My telephone call was not denied	32 (74%)
Yes	6 (14%)
No	5 (12%)

Q33 Did you have any concerns about the following, while you were in police custody?

	Yes	*No*
Who was taking care of your children	7 (18%)	33 (83%)
Contacting your partner, relative or friend	15 (38%)	25 (63%)
Contacting your employer	3 (8%)	36 (92%)
Where you were going once released	5 (13%)	34 (87%)

Q34 Were you offered free legal advice?

Yes	41 (93%)
No	3 (7%)

Q35 Did you accept the offer of free legal advice?

Was not offered free legal advice	3 (7%)
Yes	30 (68%)
No	11 (25%)

Q36 Were you interviewed by police about your case?

Yes	41 (93%)
No	3 (7%)

Q37 Was a solicitor present when you were interviewed?

Did not ask for a solicitor/was not interviewed	5 (11%)
Yes	34 (77%)
No	5 (11%)

Q38 Was an appropriate adult present when you were interviewed?

Did not need an appropriate adult/was not interviewed	23 (53%)
Yes	7 (16%)
No	13 (30%)

Q39 Was an interpreter present when you were interviewed?

Did not need an interpreter/was not interviewed	21 (50%)
Yes	4 (10%)
No	17 (40%)

Section 3: Safety

Q41 Did you feel safe there?

Yes	32 (73%)
No	12 (27%)

Q42 Did a member of staff victimise (insulted or assaulted) you there?

Yes	13 (30%)
No	31 (70%)

Q43 If you were victimised by staff, what did the incident involve? (Please tick all that apply to you.)

I have not been victimised	31 (72%)	*Because of your crime*	6 (14%)
Insulting remarks (about you, your family or friends)	5 (12%)	*Because of your sexuality*	0 (0%)
Physical abuse (being hit, kicked or assaulted)	3 (7%)	*Because you have a disability*	0 (0%)
Sexual abuse	2 (5%)	*Because of your religion/religious beliefs*	0 (0%)
Your race or ethnic origin	0 (0%)	*Because you are from a different part of the country than others*	0 (0%)
Drugs	3 (7%)		

Q44 Were your handcuffs removed on arrival at the police station?

Yes	28 (64%)
No	12 (27%)
I wasn't handcuffed	4 (9%)

Q45 Were you restrained while in the police custody suite?

Yes	8 (19%)
No	35 (81%)

Q46 **Were you injured while in police custody, in a way that was not your fault?**

Yes	4 (9%)
No	40 (91%)

Q47 **Were you told how to make a complaint about your treatment if you needed to?**

Yes	5 (11%)
No	39 (89%)

Q48 **How were you treated by staff in the police custody suite?**

Very well	*Well*	*Neither*	*Badly*	*Very badly*	*Don't remember*
1 (2%)	19 (44%)	12 (28%)	6 (14%)	5 (12%)	0 (0%)

Section 4: Health care

Q50 **Did someone explain your entitlements to see a health care professional if you needed to?**

Yes	12 (28%)
No	28 (65%)
Don't know	3 (7%)

Q51 **Were you seen by the following health care professionals during your time there?**

	Yes	*No*
Doctor	19 (45%)	23 (55%)
Nurse	5 (16%)	27 (84%)
Paramedic	2 (6%)	30 (94%)

Q52 **Were you able to see a health care professional of your own gender?**

Yes	14 (34%)
No	16 (39%)
Don't know	11 (27%)

Q53 **Did you need to take any prescribed medication when you were in police custody?**

Yes	16 (38%)
No	26 (62%)

Q54 **Were you able to continue taking your prescribed medication while there?**

Not taking medication	26 (62%)
Yes	5 (12%)
No	11 (26%)

Q55 **Did you have any drug or alcohol problems?**

Yes	25 (61%)
No	16 (39%)

Q56 **Did you see, or were you offered the chance to see a drug or alcohol support worker?**

I didn't have any drug/alcohol problems	16 (39%)
Yes	10 (24%)
No	15 (37%)

Q57 **Were you offered relief or medication for your immediate withdrawal symptoms?**

I didn't have any drug/alcohol problems	16 (39%)
Yes	10 (24%)
No	15 (37%)

Q58 **Please rate the quality of your health care while in police custody:**

I was not seen by health care	*Very Good*	*Good*	*Neither*	*Bad*	*Very bad*
21 (49%)	0 (0%)	11 (26%)	4 (9%)	6 (14%)	1 (2%)

Q59 **Did you have any specific <u>physical</u> health care needs?**

Yes	10 (23%)
No	33 (77%)

Q60 **Did you have any specific <u>mental</u> health care needs?**

Yes	5 (12%)
No	38 (88%)

Q61 **If you had any mental health care needs, were you seen by a mental health nurse/ psychiatrist?**

I didn't have any mental health care needs	38 (88%)
Yes	1 (2%)
No	4 (9%)

Prisoner survey responses for Bromley 2012

Prisoner survey responses (missing data have been excluded for each question). Please note: where there are apparently large differences, whicl are not indicated as statistically significant, this is likely to be due to chance.

Key to tables

		2012 Bromley	Police custody comparator
	Any percentage highlighted in green is significantly better		
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
Number of completed questionnaires returned		44	1989
SECTION 1: General information			
3	Are you under 21 years of age?	**14%**	**10%**
4	Are you transgender/transsexual?	**0%**	**0%**
5	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?	**14%**	**30%**
6	Are you a foreign national?	**10%**	**15%**
7	Are you Muslim?	**4%**	**10%**
8	Are you homosexual/gay or bisexual?	**0%**	**2%**
9	Do you consider yourself to have a disability?	**18%**	**20%**
10	Have you been in police custody before?	**98%**	**92%**
SECTION 2: Your experience of this custody suite			
11	Were you held at the police station for over 24 hours?	**78%**	**68%**
12	Were you told your rights when you first arrived?	**88%**	**80%**
13	Were you told about PACE?	**59%**	**52%**
For those who had their clothing taken away:			
14	Were you given a tracksuit to wear?	**47%**	**40%**
15	Could you use a toilet when you needed to?	**90%**	**91%**
16	If you used the toilet, was toilet paper provided?	**41%**	**47%**
17	Would you rate the condition of your cell, as 'good' for:		
17a	Cleanliness?	**41%**	**33%**
17b	Ventilation/air quality?	**21%**	**23%**
17c	Temperature?	**33%**	**16%**
17d	Lighting?	**56%**	**44%**
18	Was there any graffiti in your cell when you arrived?	**46%**	**54%**
19	Did staff explain the correct use of the cell bell?	**32%**	**23%**
20	Were you held overnight?	**98%**	**92%**
For those who were held overnight:			
21	Were you given any items of bedding?	**94%**	**83%**
For those who were held overnight and were given items of bedding:			
22	Were these clean?	**72%**	**60%**
23	Were you offered a shower?	**4%**	**9%**
24	Were you offered a period of outside exercise?	**6%**	**6%**
25a	Were you offered anything to eat?	**86%**	**81%**
25b	Were you offered anything to drink?	**88%**	**83%**
For those who had food/drink:			
26	Was the quality of the food and drink you received good/very good?	**11%**	**11%**
27	Was the food/drink you received suitable for your dietary requirements?	**48%**	**44%**

Key to tables

		2012 Bromley	Police custody comparator
	Any percentage highlighted in green is significantly better		
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
For those who smoke:			
28	Were you offered anything to help you cope with not being able to smoke?	**4%**	**7%**
29	Were you offered anything to read?	**18%**	**13%**
30	Was someone informed of your arrest?	**54%**	**43%**
31	Were you offered a free telephone call?	**66%**	**49%**
If you were denied a free telephone call:			
32	Was a reason given?	**54%**	**14%**
33	Did you have any concerns about:		
33a	Who was taking care of your children?	**17%**	**14%**
33b	Contacting your partner, relative or friend?	**37%**	**53%**
33c	Contacting your employer?	**7%**	**19%**
33d	Where you were going once released?	**13%**	**31%**
34	Were you offered free legal advice?	**94%**	**88%**
For those who were offered free legal advice:			
35	Did you accept the offer of free legal advice?	**72%**	**69%**
For those who were were interviewed and needed them:			
37	Was a solicitor present when you were interviewed?	**87%**	**78%**
38	Was an appropriate adult present when you were interviewed?	**34%**	**27%**
39	Was an interpreter present when you were interviewed?	**21%**	**14%**
SECTION 3: Safety			
41	Did you feel unsafe?	**28%**	**38%**
42	Has another detainee or a member of staff victimised you?	**30%**	**33%**
43	If you have felt victimised, what did the incident involve?		
43a	Insulting remarks (about you, your family or friends)	**12%**	**15%**
43b	Physical abuse (being hit, kicked or assaulted)	**6%**	**10%**
43c	Sexual abuse	**4%**	**3%**
43d	Your race or ethnic origin	**0%**	**3%**
43e	Drugs	**6%**	**9%**
43f	Because of your crime	**14%**	**11%**
43g	Because of your sexuality	**0%**	**1%**
43h	Because you have a disability	**0%**	**3%**
43i	Because of your religion/religious beliefs	**0%**	**2%**
43j	Because you are from a different part of the country than others	**0%**	**4%**
44	Were your handcuffs removed on arrival at the police station?	**70%**	**73%**
45	Were you restrained whilst in the police custody suite?	**18%**	**19%**
46	Were you injured whilst in police custody, in a way that was not your fault?	**10%**	**23%**
47	Were you told how to make a complaint about your treatment?	**12%**	**13%**
48	Were you treated well/very well by staff in the police custody suite?	**47%**	**33%**

Key to tables

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SECTION 4: Health care			
50	Did someone explain your entitlements to see a health care professional, if you needed to?	**29%**	**35%**
51	Were you seen by the following health care professionals during your time in police custody:		
51a	Doctor	**46%**	**44%**
51b	Nurse	**16%**	**21%**
	Percentage seen by either a doctor or a nurse	**50%**	**51%**
51c	Paramedic	**6%**	**4%**
52	Were you able to see a health care professional of your own gender?	**34%**	**26%**
53	Did you need to take any prescribed medication when you were in police custody?	**38%**	**41%**
For those who were on medication:			
54	Were you able to continue taking your medication while in police custody?	**32%**	**35%**
55	Did you have any drug or alcohol problems?	**62%**	**53%**
For those who had drug or alcohol problems:			
56	Did you see, or were offered the chance to see a drug or alcohol support worker?	**39%**	**43%**
57	Were you offered relief or medication for your immediate withdrawal symptoms?	**39%**	**22%**
For those who were seen by health care:			
58	Would you rate the quality as good/very good?	**50%**	**30%**
59	Did you have any specific physical health care needs?	**22%**	**32%**
60	Did you have any specific mental health care needs?	**12%**	**24%**
For those who had any mental health care needs:			
61	Were you seen by a mental health nurse/psychiatrist?	**17%**	**16%**