Report on an unannounced inspection visit to police custody suites in Lancashire

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by

HM Inspectorate of Prisons and

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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.[1] The inspections look at strategy, treatment and conditions, individual rights and health care.

There is clear strategic leadership of custody arrangements in Lancashire. Liaison between the force and the police authority was good and there was an active independent custody visitors scheme.

The benefits of this strong strategic leadership were most strikingly seen in the exceptional multi-agency working with detainees with mental health problems. Agencies had pooled resources to employ a coordinator and this post was pivotal in ensuring consistency of standards and efficiency of mental health working across the force. Operational polices and procedures in this area were sophisticated. Criminal justice mental health liaison teams offered an effective service to custody suites and local courts. Very good arrangements were in place to keep the use of police custody as a place of safety for people with mental health problems to a minimum. The good practice in Lancashire with regard to mental health should be noted by other forces.

There were some frailties in other aspects of the force's custody arrangements. Custody detention officers did not sufficiently engage with detainees to ensure risks were effectively identified and that diverse individual needs were met. Some cells needed deep cleaning and graffiti removed and important elements of care were by request only.

Overall, police staff were respectful in their dealings with detainees but custody detention officers employed by G4S were less so. There was a positive approach to balancing the priorities of progressing investigations with the rights of detainees. Detainee health care was generally good. There was a very good focus on alternatives to custody. This was achieved by using a variety of non-custodial options and the active support of custody sergeants. Blackpool, for instance, had an innovative system to manage the high number of people bailed back to the police station which made the management of bail more efficient and reduced the time spent in custody

We have made a small number of recommendations which we hope will help the force address the concerns we have identified. Dealing with detainees with mental health problems is a challenge to many forces and a significant call on resources. We suggest that Lancashire's impressive approach to tackling this issue may therefore be of interest to other forces.

Sir Denis O'Connor
HM Chief Inspector of Constabulary

Nick Hardwick
HM Chief Inspector of Prisons

June 2011

[1] Optional Protocol to the Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment.

2. Background and key findings

2.1 HM Inspectorates of Prisons and Constabulary have a programme of joint inspections of police custody suites, as part of the UK's international obligation to ensure regular independent inspection of places of detention. These inspections look beyond the implementation of the Police and Criminal Evidence Act 1984 (PACE) codes of practice and *Safer Detention and Handling of Persons in Police Custody* 2006 (SDHP) guide, and focus on outcomes for detainees. They are also informed by a set of *Expectations for Police Custody*[2] about the appropriate treatment of detainees and conditions of detention, which have been developed by the two inspectorates to assist best custodial practice.

2.2 At the time of this unannounced inspection, Lancashire Constabulary had seven custody suites designated under PACE for the reception of detainees, operating 24 hours a day. These dealt with detainees arrested as a result of mainstream policing; we visited them all during the inspection. The force had a cell capacity of 195 in the custody suites, with approximately 68,000 detainees being held per year. In the year to 31 March 2011, 281 detainees had been held for immigration matters.

2.3 The designated suites and cell capacity of each was as follows:

Custody suite	Number of detainees per year	Number of cells
Lancaster	7,600	24
Blackpool	13,400	41
Preston	10,900	29
Skelmersdale	4,000	14
Blackburn	13,800	44
Burnley	11,800	27
Leyland	6,700	16

2.4 HM Inspectorate of Prisons researchers carried out a survey of prisoners at HMP Preston who had formerly been detained at custody centres in the force area, to obtain additional evidence (see Appendix II).[3]

[2] http://www.justice.gov.uk/inspectorates/hmi-prisons/expectations.htm

[3] **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

2.5 Comments in this report refer to all suites, unless specifically stated otherwise.

Strategic overview

2.6 There was clear strategic leadership and a long-term plan to improve the custody estate. Relationships between the Lancashire Police Authority (PA) and the force were described as good and appropriately challenging, and there was an active independent custody visitors (ICV) scheme.

2.7 The force operated a devolved model of custody, with the day-to-day management of custody happening at divisional level, and policy development and some oversight from the central criminal justice department. The workforce was permanent and staffing levels were mainly adequate. Custody sergeants were supported by custody detention officers (CDOs) employed by G4S.

2.8 Regular peer reviews took place but some other quality assurance mechanisms were inconsistent. 'Learning the lessons' information was disseminated to staff, although there was no central repository for this. Use of force information was collated but little was done to identify trends.

Treatment and conditions

2.9 Custody staff were generally respectful in their dealings with detainees, although some CDOs expressed a range of negative views about those they were responsible for. Awareness of some diversity issues was limited but interpreting services were used appropriately. Some aspects of privacy were poor, which had implications for respectful treatment and the safety of detainees.

2.10 Some initial risk assessments we observed lacked depth, although risk management arrangements were usually appropriate. There was a lack of engagement between CDOs and detainees, which could have had an impact on dynamic risk management.

2.11 The physical environment of custody suites was mixed. Some were modern, clean and free of graffiti but others were poor and dirty. We found some ligature points in cells. Staff were aware of fire evacuation arrangements but at most suites these had not been practised. Health and safety walk-throughs were in place but not standardised.

2.12 Detainees were given a mattress but not a pillow. Replacement clothing was available but paper suits were mainly provided. Some detainees were not provided with a blanket or replacement footwear, when this had been taken. We saw little evidence that showers were offered to those held for longer periods. Outside exercise was rarely offered. Reading materials were available but not proactively offered. The food available was adequate.

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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*.)

Individual rights

2.13 There was a positive approach to balancing the priorities of progressing investigations with the rights of detainees, and a very good focus on alternatives to custody. Custody sergeants checked that detention was appropriate.

2.14 Detainees were not routinely asked if they had had any dependency obligations. Pre-release risk assessments were not always completed. PACE was adhered to. Detainees held for immigration matters were sometimes held for over two days.

2.15 Arrangements for providing appropriate adults (AAs) were reasonable, with a force-wide scheme operating, although the service was not available 24 hours a day. Arrangements for storing and managing DNA and forensic samples were good. Court cut-off times were generally reasonable.

2.16 Detainees were not routinely told how to make a complaint, and the arrangements for taking complaints were confused. There was good monitoring of the complaints that were made in custody.

Health care

2.17 Primary care services were provided by Medacs and there were good clinical governance arrangements. Clinical rooms varied greatly and some were not forensically clean. The management of medications was generally good. All the custody suites had full resuscitation kits and staff were trained in their use. Some other equipment was missing.

2.18 Detainee health care was generally good. Waiting times were reasonable but delays sometimes occurred. Detainees could continue to receive their prescribed medications.

2.19 Substance use services were well developed. Arrangements for providing symptomatic relief for substance users were good but there was only signposting to alcohol services.

2.20 Mental health services were well developed, with good diversion services operating, and relatively few detainees were held in police custody under section 136 of the Mental Health Act (1983).[4]

Main recommendations

2.21 Custody detention officers should engage more fully with detainees. They should routinely ask them about any concerns they may have about their detention and take time to explain why unwelcome or intrusive procedures are necessary.

2.22 There should be clear policies and procedures to meet the specific needs of female and juvenile detainees and those with disabilities, and custody staff should be trained to recognise these differing needs.

[4]Under sections 135 and 136 of the Mental Health Act 1983 (the 1983 Act) a police officer may remove a person who is believed or appears to be suffering from a mental disorder to a place of safety. Section 44 of the 2007 Act amends these sections of the 1983 Act to allow a person to be taken from one place of safety to one or more other places of safety during the 72-hour maximum overall period during which they may be detained under either of these two sections. They may be taken between places of safety by a police officer, an approved social worker (until approved social workers are replaced in this role by approved mental health professionals in due course) or someone authorised by either of them.

2.23 The risk assessment process should be revised, to enable more effective and dynamic care plans to be drawn up, and staff should be trained in its use.

2.24 A programme of regular cell deep cleaning should be implemented and maintained and graffiti removed as soon as is possible.

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.

3.1 An assistant chief constable (ACC) provided strategic leadership on custody issues and also sat on the Local Criminal Justice Board. The force operated a devolved custody model, with provision being managed locally across six divisions, and oversight and support from headquarters (HQ). A senior manager led the criminal justice department at HQ, which had responsibility for custody policy.

3.2 The force had a clear estates strategy, with the aim of rationalising the custody estate. This had resulted in the recent closure of the custody suite at Fleetwood, and there were plans to close Leyland in 2012. There had recently been an increase in the number of cells at Blackpool.

3.3 The force had been proactive in looking for alternatives to custody and had reduced throughput by 18% in the previous 12 months. Two members of the PA shared responsibility for custody matters, including the ICV scheme. They engaged well with the estates strategy, as well as the day-to-day running of custody, including carrying out visits to custody suites with ICVs to check on conditions.

3.4 There were good meeting structures in respect of custody issues, with key people chairing and attending. This included a strategic meeting chaired by the ACC and attended by senior managers and the PA members with custody responsibility, and a six-weekly inspectors meeting, attended by all the custody inspectors.

3.5 Staffing levels in custody suites were adequate (with the exception of Preston, where, at times, one sergeant was responsible for 31 cells) and comprised permanent custody sergeants supported by CDOs, who looked after the ongoing care and welfare of detainees. Custody-trained sergeants assigned to other duties provided cover where required.

3.6 Custody managers (who were inspectors) were in place at all the suites, although custody was one of several of their portfolio responsibilities. Custody managers reported to a divisional chief inspector, who had custody responsibility. Line management of custody officers was the responsibility of custody managers.

3.7 There was a PA lead for the active and well-supported ICV scheme, which was seen as an important independent oversight mechanism. The scheme was made up of six panels, which were co-terminus with policing divisions. Panels were administered by the PA. The PA held regular meetings for ICVs, with police in attendance.

3.8 Six-monthly peer inspections of custody facilities were carried out by divisions, coordinated centrally by the criminal justice department. These inspections included checks of physical conditions and identification of good practice.

3.9 There was a centrally managed process for the recording of near-miss incidents in custody, with data collated and analysed by the criminal justice department. Trends and other relevant information were discussed at custody inspector meetings.

3.10 All custody sergeants and CDOs had received role-specific custody training, which was based on a nationally approved package. Custody sergeants received one week's refresher training every three years. All custody staff received custody-specific first-aid and personal safety training, which was refreshed annually.

3.11 The force had comprehensive custody procedures, with policies easily accessible to all staff via the force computer system. The criminal justice department managed a central repository containing custody-related information, including policies, guidance and Independent Police Complaints Commission (IPCC) 'learning the lessons' bulletins. The criminal justice department sent regular emails to custody-trained staff, highlighting relevant issues, but staff awareness of these bulletins varied and there was no central point on the Lancashire Constabulary intranet from which previous briefings could be obtained.

3.12 There was little evidence that custody inspectors carried out regular and formal quality assurance checks, such as the dip-sampling of custody records or closed-circuit television (CCTV) recordings. The approach to dip-sampling was inconsistent and unstructured.

Housekeeping points

3.13 'Learning the lessons' briefings should be made available in an easily accessible section of the intranet.

3.14 Custody record dip-sampling should be carried out consistently across the force.

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 Interactions between custody staff and detainees were reasonably good. Staff invariably used detainees' first names and detainees spoke favourably about staff. Staff treated detainees with respect and sensitivity but we saw little evidence of CDOs asking detainees about their concerns or interacting with them in any meaningful way. At Blackburn, we spoke to a detainee who readily told us that he was hoping to attend a family memorial ceremony that day and was visibly upset and anxious that he might miss it. Although he had told the custody sergeants about it, it had not been recorded and CDOs were not aware of the situation. Consequently, they would not have implemented actions to divert a potentially disruptive episode if it transpired that the detainee was unable to attend this ceremony.

4.2 Staff had little awareness of the needs of detainees from diverse groups. There were few facilities for detainees with disabilities. At Skelmersdale, although there was a toilet equipped for use by detainees with disabilities, the steps between the interview rooms and the cells made it impossible for detainees using wheelchairs to be held there. None of the custody suites had information in Braille or hearing loops for those with hearing impairments, although we were told that there was access to signers, including trained police officers.

4.3 Copies of the Qur'an and Bible were available in all suites, as were prayer mats, but these were not always readily available.

4.4 Custody staff had not received child welfare or safeguarding awareness training, and there was little evidence that the distinct needs of children in detention were understood, other than the need to ensure that AAs were present. Sergeants were aware of the availability of some non-secure PACE beds for juveniles and gave examples of when they had been used. Detention rooms for juveniles were available at most suites but differed little from other cells, other than not having in-cell toilets. They were usually located closer to the booking-in area than were other cells, to facilitate closer supervision.

4.5 Some suites had cells identified for use by female detainees, but in practice the separation of male and female detainees was not totally adhered to. Female detainees were not routinely offered the opportunity to speak to a female member of staff when they were booked in.

4.6 Levels of privacy varied. The design of booking-in areas ranged from high desks set in large areas with high ceilings, to lower desks in cramped areas. We observed custody sergeants, arresting officers and detainees having to speak loudly to be heard during some booking-in processes, compromising privacy. This increased the potential for detainees to withhold personal information.

Recommendation

4.7 Custody officers should manage the number of people in the booking-in areas to provide sufficient privacy to facilitate effective communication between staff and detainees.

Safety

4.8 All detainees being booked in were subject to a risk assessment, and the Police National Computer (PNC) was consulted in each instance for warning markers. The quality of assessments varied considerably. In some suites, they were poor and rarely included a care plan. Overall, the risk assessment process appeared to be mostly perfunctory and used to determine the level of observation required rather than manage the care of the detainee. In general, we found that custody staff understood high-level risk and responded well to obvious physical and emotional problems presented during the initial risk assessment interview, setting proportionate levels of observations and rousing detainees who were of particular concern. However, the process was limited and we had concerns that the lack of more detailed questioning and prompting of detainees not presenting with obvious issues, could lead to important information relevant to risk being missed. It was also not always apparent that action after the risk assessment was proportionate; for example, in some suites detainees' spectacles were removed routinely when no risk of self-harm had been identified.

4.9 Written assessments were paper based and some entries were illegible. They did not include questions about dependants or caring responsibilities (see section on individual rights) and rarely gave much detail of detainees' concerns. In one case at Leyland, a female detainee had disclosed that she had mental health problems, but the comment next to this on the custody record was unclear and CDOs did not know what it meant and were unaware that there were concerns about her mental health.

4.10 The suites had some CCTV cells but there was no undue reliance on these and CDOs were conscientious in carrying out their visits to detainees. However, we observed little interaction with detainees during these visits, with staff simply looking at detainees through the cell door hatch and not initiating a conversation. This meant that opportunities to take a more dynamic approach to updating the risk assessment were lost.

4.11 All custody staff carried anti-ligature knives and had received first-aid training.

4.12 Staff handovers between custody sergeants were video-recorded and comprehensive. However, as CDOs worked a different shift pattern to the sergeants, they conducted their own handover at their shift changes. There was no mechanism for information to be shared with the whole custody suite team.

Recommendation

4.13 Handovers should include custody detention officers and police custody staff on duty.

Use of force

4.14 All staff had been trained in the approved restraint techniques and received annual refresher training. Detainees subject to use of force were not routinely seen by a medical professional, unless they had an obvious injury or requested it.

4.15 We observed most detainees being brought into custody suites wearing handcuffs, and in some suites we were told that this was routine. Handcuffs were usually removed as soon as the booking-in process started.

4.16 We observed a very abusive and distressed young detainee being carried into the Blackpool custody suite in handcuffs and leg straps. Custody staff needed to remove his clothing, as he was suspected of concealing a sharp object; this was carried out reasonably effectively, in a cell, but staff made no attempt to explain to him why this was necessary.

4.17 At Leyland, we observed force used appropriately and proportionately on a detainee who became aggressive and was attempting to harm himself. The custody sergeant took control of the situation, used the detainee's first name and was successful in finding out the problem and calming the detainee.

4.18 Incidents involving the use of force were documented on the custody record, and also recorded centrally, although the software did not enable the data to be broken down to identify the specific suites in which force was used, and there was no analysis to identify trends.

Recommendations

4.19 Detainees should be handcuffed only when a risk assessment indicates that it is necessary for the safety of staff, the public or the detainee.

4.20 Lancashire Constabulary should collate the use of force and examine it for trends in accordance with the Association of Chief Police Officers policy and National Policing Improvement Agency guidance.

Physical conditions

4.21 The cleanliness of the custody suites varied. The suites at Lancaster and Preston were bright and clean, with minimal graffiti, whereas others – Burnley, for example – had cells which contained considerable amounts of graffiti, some offensive, and at Leyland and Blackpool we found ingrained dirt on the walls. Ventilation grilles in many cells across the force had not been cleaned in some time and were filthy. Floors around some of the lavatory pans were damaged and were therefore impossible to clean properly. Some cells provided little natural light. Staff told us that repairs were completed in a timely manner. There was a system of daily, weekly, monthly and quarterly cell checks but, in view of the poor conditions in some suites, the effectiveness of such checks was questionable.

4.22 There was an expectation that regular health and safety checks would be carried out by custody staff, with the completion of a checklist. We found that these checks were being carried out but not sufficiently regularly and there was no clear ownership of any issues thereby identified. The quality of the recording of the checks was limited.

4.23 All suites had cells containing ligature points, although most were easily rectified. However, we found a number of doors with T-bar handles, which posed a significant risk if the cell door hatch failed or was left open.

4.24 We observed cell call bells being responded to promptly. Staff said that they explained their use to detainees, and this was confirmed by a number of detainees, but we observed several detainees being escorted to cells on arrival and not told how to use the call bell.

4.25 For fire evacuation, all suites had access to boxes containing handcuffs. In some suites, the awareness of evacuation procedures was poor, although staff at Blackpool and Preston were familiar with them.

Recommendations

4.26 Lancashire Constabulary should address the safety issues around ligature points and, where resources do not allow them to be dealt with immediately, the risks should be managed.

4.27 Staff should be familiar with the fire evacuation procedures, which should be regularly practised.

Housekeeping points

4.28 Health and safety walk-through arrangements should be thorough and applied consistently at all custody suites.

4.29 The use of the cell call bell should be routinely explained to detainees.

Personal comfort and hygiene

4.30 A number of aspects of the care of detainees needed to be improved. All cells contained a mattress which was in a reasonable condition and was clean. They were cleaned at least once daily but not always wiped down between uses. Clean safety blankets were issued routinely in most suites but not in Blackburn, Lancaster or Leyland, where they sometimes had to be requested. At Leyland, we found one woman, who had been in custody for 20 hours, shivering with cold in her cell. Pillows were not available.

4.31 Most cells contained a toilet but some were not screened, and in cells containing CCTV coverage the toilet area was not obscured on monitors. One female detainee said that she would not use the toilet in case she was observed. Toilet paper was given to detainees only on request. Some cells had no hand-washing facilities, although there were sinks in the corridors.

4.32 Showers were clean and in good condition. Staff told us that detainees could take showers but the custody record analysis suggested that they were rarely offered, and none of the detainees we spoke to knew that they could shower. In our custody record analysis, none of the 26 detainees were noted as having taken a shower, even though two had been detained for over 24 hours.

4.33 Hygiene items such as soap, shower gel, toothbrushes, toothpaste, razors and combs were available, as were feminine hygiene products, but most detainees were unaware of this and these products tended to be available only on request.

4.34 Detainees were not permitted to wear their own shoes in cells. Foam slippers were available but these were not offered routinely, and we saw some detainees walking around the suites with nothing on their feet. Although good stocks of plimsolls, T-shirts and tracksuit bottoms were available for detainees whose clothing was taken away, at Skelmersdale and Blackpool it was more common to issue paper suits. No replacement underwear was provided but staff told us that they encouraged family members to bring in clothing.

Recommendations

4.35 All detainees should be routinely provided with a pillow, blanket and appropriate replacement clothing (e.g. a track suit) and footware.

4.36 Toilet areas should be obscured on closed-circuit television monitors and detainees should be informed of this.

4.37 All detainees held overnight, or who require one, should be offered a shower, which they should be able to take in private.

Housekeeping points

4.38 Mattresses should routinely be wiped down after use.

4.39 Subject to risk assessment, toilet paper should be provided in each cell.

4.40 All female detainees should be offered a hygiene pack on arrival.

4.41 Replacement underwear should be made available if it is required.

Catering

4.42 Meals were generally served at recognised mealtimes. A reasonable variety of low-calorie ambient microwave meals were held, and in some suites detainees could have cornflakes with milk for breakfast. The temperature of microwave meals was not always checked before serving.

4.43 In our survey, more detainees than at comparator suites said that they had been offered food (94% versus 81%).

4.44 A CDO at Blackpool told us that Muslim detainees were provided only with vegetarian meals because they could not guarantee that meals containing meat were halal (despite some being marked by the manufacturer as halal). Leyland did not have any halal food available. Some police stations had canteens but no detainee meals were sourced from there.

4.45 We observed detainees being offered water and hot drinks.

Recommendation

4.46 Food should be of sufficient quality and calorific content to sustain detainees for the duration of their stay.

Housekeeping points

4.47 The temperature of microwave meals should be checked and recorded before serving.

4.48 Halal food should always be made available.

Activities

4.49 Outside exercise was not offered routinely to detainees because staff said that they did not have the resources to supervise them in the exercise yard. We were told that efforts were made to allow detainees held for longer than 24 hours to take exercise but that this was not always possible. None of the custody records we analysed recorded outside exercise being offered or taken.

4.50 The provision of reading materials varied; the better-equipped suites had a selection of books, magazines, and newspapers. There was nothing available in foreign languages. Reading material was not offered routinely and detainees we spoke to said that they were not aware that reading materials were available. In our survey, only 10% of detainees said that they had been offered something to read.

4.51 Visits to detainees held in custody for more than 24 hours were generally not allowed or encouraged. The parents and carers of juveniles were able to sit with their children if they were acting as an AA but this was allowed only for short periods before or after the formal interview.

Recommendation

4.52 Detainees held for long periods should be offered outside exercise.

Housekeeping points

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

4.54 Visits should be facilitated for detainees held for long periods.

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 Lancashire Constabulary was driving an initiative to reduce the number of individuals being processed through custody suites. This was being achieved through using alternatives such as voluntary attendance, community resolution and fixed penalties. We observed custody sergeants asking arresting officers for reasons for the arrest, and custody sergeants told us that it was not uncommon to refuse authorisation for detention and to signpost to alternatives, although we did not observe this during the inspection. Staff we spoke to believed that this initiative was having a noticeable positive impact on ensuring that only those needing to be dealt with in custody were being detained.

5.2 Blackpool operated an innovative system to manage the high number of detainees who had been bailed back to the police station at later dates. This made the management of bail more efficient, thereby reducing time in custody, even if this meant bailing people for a couple of hours while waiting for advice from the Crown Prosecution Service.

5.3 In general, the processing of detainees was found to be robust and there was not an automatic `bedding down` culture for those arrested in the late evening or overnight. However, staff told us that the custody reception teams (a specialist police team which processed and interviewed detainees) often needed prompting to ensure that there were no unnecessary delays. Inspectors' reviews were completed correctly, on time and mostly in person.

5.4 A telephone interpreting service was in use, and used when necessary, but there were sometimes difficulties in accessing it. For example, at Preston, a detainee had been booked in at 1am but it had not been possible to secure the services of a telephone interpreter until 4pm the following day.

5.5 Staff reported good working arrangements with the UK Border Agency (UKBA). We were told that immigration detainees were usually held for two to three days before they were collected by UKBA. Custody sergeants described the arrangements for telephone calls and visits for immigration detainees as 'ad hoc'.

5.6 When detainees exercised their right to have someone informed of their arrest, staff did so promptly, but most detainees we spoke to said that staff had not told them that this had been done, which caused anxiety for some.

5.7 Police custody was not used as a formal place of safety for children and young people under section 46 of the Children Act 1989.[5]

[5] 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.

5.8 Detainees were not routinely asked if they had had any dependency obligations. In our survey, 15% of respondents said that they had concerns about who was looking after their children while they were in custody. We were assured that police officers always made checks and contacted relatives or neighbours if they were alerted to such concerns by detainees.

5.9 Pre-release risk assessments were in use, although some were of poor quality. Some custody sergeants described them as pointless, whereas others used them and were able to give examples of assessments that had assisted them in arranging help for distressed detainees on release. We observed detainees being transported home by taxi or by police staff when it was considered that they might not have been able to do this safely on their own. Custody staff were aware of organisations that were available to assist homeless detainees, such as the Salvation Army hostel in Blackburn.

Recommendations

5.10 Senior police officers should engage with the UK Border Agency to ensure that the time spent in police custody by immigration detainees is minimised.

5.11 Custody staff should ensure that any dependency obligations of detainees while in custody are identified and, where possible, addressed.

5.12 Custody officers should ensure that any vulnerabilities they have identified in detainees are recorded, and where possible mitigated before they are released.

Housekeeping point

5.13 Detainees should be informed of the outcome of their request to have someone informed about their whereabouts.

Good practice

5.14 *Blackpool operated an innovative management system, which reduced the length of time that detainees spent in custody.*

5.15 *Lancashire constabulary were proactive in questioning the necessity to detain and where appropriate actively encouraged non-custodial approaches to the investigation of offences.'*

Rights relating to PACE

5.16 During the booking-in process, all detainees were informed about their rights and entitlements and were offered a copy of the PACE codes of practice, and this was recorded in the custody record. They were also offered a leaflet summarising their rights and entitlements. The leaflet was available in a range of languages.

5.17 The procedural requirements of PACE, including reviews, were carried out efficiently. There was evidence of interviews being delayed appropriately for detainees who were not fit to be interviewed because they were, or thought to be, under the influence of alcohol or drugs. We were told that a medical opinion was always sought if there was any doubt. Some custody suites displayed a notice to encourage detainees to exercise their right to free legal advice, although it was available only in English.

5.18 Lancashire police adhered to the PACE definition of a child instead of the Children Act (1989) definition, which meant that those aged 17 were not provided with an AA unless they were otherwise deemed vulnerable.[6] Family members or family friends were usually contacted to act as an AA. When this was not possible, there was an effective, although not 24-hour, force-wide, local authority-administered AA scheme for juveniles using trained volunteers. The provision for vulnerable adults was less consistent, particularly out of hours.

5.19 In our custody record analysis, seven (27%) detainees had mental health problems. None had had an AA present when their rights were explained to them or during interviews. However, we observed a custody sergeant at Preston spending a good deal of time to establish the level of understanding of a young man aged 18 being booked in, and consequently deciding that he should have an AA .

5.20 Detainees could easily speak to solicitors or legal representatives, either on the telephone or in person. In some suites, specific rooms were set aside for this but we were told that these consultations sometimes took place in cells. Detainees and solicitors were provided with a copy of the custody record on request, although we found no evidence of custody sergeants informing detainees about this. For example, at Preston we observed five detainees being released without charge. They were provided with a letter confirming that they had been held in detention overnight and released without charge. Three of the detainees asked if the letter could be amended to include the time that they had been held in custody but this was refused. Although the detainees were clearly disgruntled, they were not told about their right to receive a copy of their custody record, which would have provided the information they were seeking.

5.21 Arrangements for getting detainees to court on time were efficient. Court cut-off times were around 2.30–3.30pm but varied on Saturdays, when they could be as early as 10am.

5.22 The force had clear policies on the management of DNA and forensic samples in custody. We found no issues in respect of samples, with custody freezers being well managed and an effective process for transport of the samples to HQ.

Recommendation

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

Housekeeping point

5.24 Detainees should be told that they are entitled to request a copy of their custody record on release.

Rights relating to treatment

5.25 Although there was a general expectation from the force that complaints from detainees would be taken before release from custody, practices in taking complaints varied across the force. For example, at Preston and Leyland we were told that custody managers would record a complaint when notified, while elsewhere it would be recorded once the detainee had been

[6] 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.

released. When detainees arrived in custody, they were not advised of the complaints process and there were no notices about complaints procedures on display in any of the custody suites. The force collected data on complaints and analysed patterns and trends.

5.26 There was no local monitoring of complaints in order to identify any patterns or trends but we were assured that any concerns would be highlighted by the Professional Standards Department, which monitored all complaints across the force.

Recommendation

5.27 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.

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.

Clinical governance

6.1 Medacs was the primary care health services provider, supplying both nurses and forensic medical examiners (FMEs). Mental health services were provided by Lancashire Care NHS Foundation Trust across the force area. Drug services were provided by a number of substance use agencies, depending on their location in the force area. The divisional custody managers had day-to-day responsibility for their respective health and substance use services contracts, and custody staff expressed general satisfaction with the health services that were available. The force and NHS partners were exploring the possibility of providing more integrated offender supervision and health care pathways as part of a national initiative to increase opportunities for diversion from custody for those with physical and mental health problems.

6.2 Nursing staff that we observed were courteous, caring and respectful, and staff had access to telephone interpreting services if required. Female detainees usually had access to health services staff of their own gender; when this was not possible, female custody staff or female police constables were made available to accompany male health services staff. In our survey, 29% of detainees seen by a health professional rated the quality of care as good or very good, which was similar to the comparator.

6.3 Medacs had established clinical governance arrangements that included clear lines of management and accountability, and systems for checking staff members' credentials. FMEs were from a variety of backgrounds, including general practice, psychiatry and other medical specialties, including forensic medicine. Not all FMEs were approved clinicians under section 12 of the Mental Health Act. There was a good induction programme, which included opportunities to shadow more experienced staff and to be observed. Medacs offered continuing professional development opportunities to nurses and FMEs, who were expected to attend at least 50% of events and required to attend 100% of mandatory training events. There were opportunities for staff to receive clinical supervision and there was a programme of annual appraisal. There were only one or two complaints per month about health care, usually about waiting times.

6.4 The state of the clinical rooms varied throughout the custody estate. Most were of a reasonable size and some had been refurbished. There was no evidence that an infection control audit had been carried out but, in the week before our inspection, a police inspector and NHS colleague had visited the clinical rooms to assess the fitness for purpose of the assets and a plan was being formulated to address matters of concern. Medacs supplied the force with guidelines for cleaning of the rooms. Although the clinical room in Lancaster was notably clean and tidy, many of the others were dusty and had debris on the floors, and some (Burnley, Leyland and Skelmersdale) were dirty and did not comply with expected infection control standards. The room at Blackpool was drab, cramped and not suitable for clinical procedures such as dressings or examinations.

6.5 Many clinical rooms contained medical equipment and supplies that were out of date and overall stock control appeared haphazard. Across the rooms, sharps bins generally were not secured to the wall or signed and dated on start of use. The examination couches were robust but the heights could not be varied, which could be a hazard for health services professionals. In some rooms, the couches were worn or torn and some of the rooms had no paper roll couch covers. There was good attention to the privacy and confidentiality of detainees during consultations, with the doors being closed, although privacy screens were not available in every room. Rooms were not used by custody staff and all rooms were locked when not in use. We saw no patient information leaflets in the clinical rooms, apart from the rooms used by substance use workers, and there were no health screening or promotion materials on display.

6.6 Medicines management was generally good and supported by clinical guidelines. Nurses were able to supply and administer a reasonable range of medications using patient group directions (PGDs) and doctors dispensed medications to be given at a later date by custody staff. Custody staff administered medications only when they were prescribed and dispensed by a doctor. All medicines stock was managed by Medacs. Stock of all medicine, regardless of whether it was a controlled drug, was recorded in a controlled drug register and checked daily in the busy suites and weekly in other suites. Some stock was out of date. Discrepancies were reported by fax to the Medacs central office and investigated. Not all clinical staff signed their full name in pharmacy records and we did not see a record of authorised signatories. At Blackburn, insulin had not been returned to three patients on their release. It could not be proved that these heat-sensitive products had been stored in appropriate conditions, as there was no refrigerator thermometer. In several clinical rooms, there was no refrigerator for the storage of such products, and at Leyland wound glue was stored in the staff kitchen refrigerator (although it was not there when we checked). We found out-of-date pharmacological reference materials in several clinical rooms.

6.7 In our survey, 39% of detainees previously on medications said that they were able to continue on them while in custody. Custody staff retrieved medications from detainees' home if necessary. There was no consistency for detainees who were on a programme of supervised consumption of methadone. At Blackburn, custody staff had taken a detainee to the local pharmacy for methadone administration. However, here and elsewhere, we were advised that detainees could not receive their methadone while in custody. Symptomatic relief was available for those withdrawing from substances.

6.8 Emergency equipment was available in the custody suites and included oxygen and automatic external defibrillators (AEDs), which were easily accessible. However, at a few sites some equipment was missing (oxygen masks and tubing for oxygen cylinders), there was a faulty oxygen cylinder and the stock of glucagon (an emergency medication for diabetics with a dangerously low blood sugar) was out of date. The custody staff we spoke to were up to date with their first-aid and resuscitation training and had received training in the use of AEDs. Some custody staff were trained to administer oxygen. Equipment was checked regularly but there were not always records to demonstrate this. First-aid kits were available and checked regularly but their contents were not standardised and some were incomplete.

Recommendations

6.9 There should be robust infection control procedures for all the clinical rooms, which should be clean and be capable of being used for the taking of forensic samples.

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

6.11 Custody staff should have access to a full range of appropriate first-aid and resuscitation equipment that is checked regularly, and records should be kept confirming this.

Housekeeping points

6.12 All out-of-date medical stock should be disposed of and regular checks of expiry dates instigated.

6.13 All clinical staff should sign their full names in pharmacy records.

6.14 The examination couches in the clinical rooms should have variable height adjustment.

6.15 Privacy screens should be provided in the consultation rooms.

6.16 Patient information leaflets should be accessible in the clinical rooms.

6.17 Only controlled drugs specified in Schedule 2 to the Misuse of Drugs Regulations 2001 should be recorded in the controlled drug register.

6.18 There should be refrigerators for the storage of heat-sensitive clinical products in the clinical rooms, and maximum and minimum temperatures should be recorded daily to ensure that such items are stored within the 2–8°C range.

6.19 Out-of-date pharmacological reference materials should be discarded and replaced by up-to-date materials.

Patient care

6.20 Our sample of custody records indicated that 15% of detainees arrived in custody with an injury. Medacs provided three nurses and one doctor across the force area per shift, with additional medical staff at peak times. There was a 24-hour service, managed through two 12-hour shifts. Staff were nominally allocated to named suites but were directed anywhere across the force if required.

6.21 New arrivals were asked if they wanted to see a health services professional, or custody officers referred them to one if they presented any health-related concerns, and custody records indicated that 35% of detainees were seen. Custody staff rang a call centre to request the attendance of a health services professional, and call-out and response times were entered on the custody record. Urgent responses were expected within 60 minutes, non-urgent within 90 minutes and fitness for transfer consultations within 120 minutes. In our sample of custody records, the average wait time for an FME was 41 minutes and the longest wait was one hour and 10 minutes. Contract breaches were reported by the custody sergeant, and annual performance data demonstrated that the 90% achievement target was not met every month. We observed a response time of three and a half hours for a detainee who was being assessed for transfer to prison from Lancaster.

6.22 Information sharing was appropriate, with written consent sought before sharing information. Health services professionals used paper records to record consultations and contributed to the custody records. In most suites, records were stored in line with data protection

requirements and Caldicott principles[7] but in Skelmersdale we found clinical records in an unlocked filing cabinet and were told that FMEs carried records between sites and stored records at home. We were told that there was an annual audit of clinical records but we observed some inadequate documentation that was not compliant with nurses' professional standards of record keeping.

Recommendation

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

Substance use

6.24 In our survey, 61% of respondents said that they had a drug or alcohol problem. An analysis of custody records indicated that 54% of detainees had been said to be intoxicated when brought into custody. There was a large amount of multi-agency work to ensure that services were integrated across the force, so that substance users could readily access the relevant services for their need.

6.25 The Lancashire Drug and Alcohol Action Team (DAAT) commissioned drug and alcohol services for all areas expect Blackpool, for which services were commissioned by NHS Blackpool, a unitary authority. The service provider in Burnley was 'Inspire' (a crime reduction initiative); in Blackburn, Leyland, Preston and Skelmersdale it was Greater Manchester West Mental Health NHS Foundation Trust; in Blackpool it was the Tower Project (a charity that provided services and needle exchange for drug users), Lancashire Care NHS Foundation Trust and Inwood House (a charity that provided services for younger people) – these three providers coordinated their activities to ensure that there were opportunities for intervention and diversion before, during and after custody; and in Lancaster the provider was AdAction (a charity that provided drug and alcohol services for adults and young people).

6.26 Drug workers visited custody suites daily or more frequently in busier suites, and also took referrals from custody staff. In addition to seeing those who tested positive for drugs, they visited every cell to ask detainees if they wanted assistance. Drug workers also attended court if necessary. Substance use services were offered to adults aged 18 or above. Detainees whose problems related to alcohol were signposted to community services, and juveniles to services for young people. At Blackpool, drug workers saw adults and juveniles, and we were told that providers in other suites had also agreed to start seeing juveniles. Services in Blackpool had extended hours (8am to 8pm) and included drug testing at the point of arrest and court diversion before custody.

6.27 Assertive support was available for up to 16 weeks following custody, and homeless drug users were tracked and supported. Detainees were signposted to needle exchange services in the community if required. Custody suites were no-smoking sites and detainees were not routinely offered nicotine replacement therapy during their stay.

[7] 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.

Mental health

6.28 In our survey, 27% of detainees, similar to the comparator, said that they had mental health needs. There was exceptional multi-agency working with regard to mental health services, and partners complimented Lancashire constabulary about their contributions. Agencies had pooled budgets to employ a coordinator for criminal justice, health and social care. This post appeared to be pivotal in ensuring consistency of standards, improving the efficiency of mental health working across the force and monitoring and updating a comprehensive Bradley implementation plan. Operational policies and protocols for mental health working were sophisticated and up to date, including the Lancashire and Cumbria Information Sharing protocol and Multi-Agency Risk Assessment Conference (MARAC) protocol.

6.29 Criminal justice liaison teams offered in-reach to the custody suites and to local courts. Services were available during daytime hours and mental health workers visited the cells to check if anyone required their support, in addition to receiving referrals from custody staff and Medacs staff. Emergency duty teams were called out of hours.

6.30 In each division, police officers had access to NHS places of safety, which were in emergency departments or in dedicated section 136 suites. There were local section 136 protocols for each division. The protocol included simple and helpful checklists for staff, such as the custody sergeant or receiving nurse, to ensure compliance with agreements. A relatively small number of section 136 detainees came into custody, with only 39 in 2009/10 and 25 in 2010/11. Data on the overall use of section 136 in Lancashire were said to be incomplete and unreliable. A new data recording and acquisition system had been introduced in January 2011 to replace this system. A police inspector scrutinised all section 136 cases using police custody as a place of safety and ensured that inappropriate use was kept to a minimum. Multi-agency training in the use of section 136 had started in Fleetwood and Morecambe. There was no regular mental health training for police or G4S custody staff.

Recommendation

6.31 Custody staff should have appropriate training to recognise and take appropriate action when a detainee may have mental health problems, and should work effectively with health services staff.

Good practice

6.32 *There was exceptional multi-agency working to support people entering the criminal justice system who had mental health issues.*

7. Summary of recommendations

Main recommendations

To Lancashire Constabulary

7.1 Custody detention officers should engage more fully with detainees. They should routinely ask them about any concerns they may have about their detention and take time to explain why unwelcome or intrusive procedures are necessary. (2.21)

7.2 There should be clear policies and procedures to meet the specific needs of female and juvenile detainees and those with disabilities, and custody staff should be trained to recognise these differing needs. (2.22)

7.3 The risk assessment process should be revised, to enable more effective and dynamic care plans to be drawn up, and staff should be trained in its use. (2.23)

7.4 A programme of regular cell deep cleaning should be implemented and maintained and graffiti removed as soon as is possible. (2.24)

Recommendations

To Lancashire Constabulary

Treatment and conditions

7.5 Custody officers should manage the number of people in the booking-in areas to provide sufficient privacy to facilitate effective communication between staff and detainees. (4.7)

7.6 Handovers should include custody detention officers and police custody staff on duty. (4.13)

7.7 Detainees should be handcuffed only when a risk assessment indicates that it is necessary for the safety of staff, the public or the detainee. (4.19)

7.8 Lancashire Constabulary should collate the use of force and examine it for trends in accordance with the Association of Chief Police Officers policy and National Policing Improvement Agency guidance. (4.20)

7.9 Lancashire Constabulary should address the safety issues around ligature points and, where resources do not allow them to be dealt with immediately, the risks should be managed. (4.26)

7.10 Staff should be familiar with the fire evacuation procedures, which should be regularly practised. (4.27)

7.11 All detainees should be routinely provided with a pillow, blanket and appropriate replacement clothing (e.g. a track suit) and footware. (4.35)

7.12 Toilet areas should be obscured on closed-circuit television monitors and detainees should be informed of this. (4.36)

7.13 All detainees held overnight, or who require one, should be offered a shower, which they should be able to take in private. (4.37)

7.14 Food should be of sufficient quality and calorific content to sustain detainees for the duration of their stay. (4.46)

7.15 Detainees held for long periods should be offered outside exercise. (4.52)

Individual rights

7.16 Senior police officers should engage with the UK Border Agency to ensure that the time spent in police custody by immigration detainees is minimised. (5.10)

7.17 Custody staff should ensure that any dependency obligations of detainees while in custody are identified and, where possible, addressed. (5.11)

7.18 Custody officers should ensure that any vulnerabilities they have identified in detainees are recorded, and where possible mitigated before they are released. (5.12)

7.19 Appropriate adults should be available to support without undue delay juveniles aged 17 and under and vulnerable adults in custody, including out of hours. (5.23)

7.20 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. (5.27)

Health care

7.21 There should be robust infection control procedures for all the clinical rooms, which should be clean and be capable of being used for the taking of forensic samples. (6.9)

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

7.23 Custody staff should have access to a full range of appropriate first-aid and resuscitation equipment that is checked regularly, and records should be kept confirming this. (6.11)

7.24 All clinical records should be compliant with professional standards and stored in accordance with the Data Protection Act and Caldicott principles, to ensure confidentiality of personal health information. (6.23)

7.25 Custody staff should have appropriate training to recognise and take appropriate action when a detainee may have mental health problems, and should work effectively with health services staff. (6.31)

Housekeeping points

Strategy

7.26 'Learning the lessons' briefings should be made available in an easily accessible section of the intranet. (3.13)

7.27 Custody record dip-sampling should be carried out consistently across the force. (3.14)

Treatment and conditions

7.28 Health and safety walk-through arrangements should be thorough and applied consistently at all custody suites. (4.28)

7.29 The use of the cell call bell should be routinely explained to detainees. (4.29)

7.30 Mattresses should routinely be wiped down after use. (4.38)

7.31 Subject to risk assessment, toilet paper should be provided in each cell. (4.39)

7.32 All female detainees should be offered a hygiene pack on arrival. (4.40)

7.33 Replacement underwear should be made available if it is required. (4.41)

7.34 The temperature of microwave meals should be checked and recorded before serving. (4.47)

7.35 Halal food should always be made available. (4.48)

7.36 Reading materials suitable for a range of detainees, including young people and those whose first language is not English, should be made available. (4.53)

7.37 Visits should be facilitated for detainees held for long periods. (4.54)

Individual rights

7.38 Detainees should be informed of the outcome of their request to have someone informed about their whereabouts. (5.13)

7.39 Detainees should be told that they are entitled to request a copy of their custody record on release. (5.24)

Health care

7.40 All out-of-date medical stock should be disposed of and regular checks of expiry dates instigated. (6.12)

7.41 All clinical staff should sign their full names in pharmacy records. (6.13)

7.42 The examination couches in the clinical rooms should have variable height adjustment. (6.14)

7.43 Privacy screens should be provided in the consultation rooms. (6.15)

7.44 Patient information leaflets should be accessible in the clinical rooms. (6.16)

7.45 Only controlled drugs specified in Schedule 2 to the Misuse of Drugs Regulations 2001 should be recorded in the controlled drug register. (6.17)

7.46 There should be refrigerators for the storage of heat-sensitive clinical products in the clinical rooms, and maximum and minimum temperatures should be recorded daily to ensure that such items are stored within the 2–8°C range. (6.18)

7.47 Out-of-date pharmacological reference materials should be discarded and replaced by up-to-date materials. (6.19)

Good practice

Individual rights

7.48 Blackpool operated an innovative management system, which reduced the length of time that detainees spent in custody. (5.14)

7.49 Lancashire constabulary were proactive in questioning the necessity to detain and where appropriate actively encouraged non-custodial approaches to the investigation of offences. (5.15)

Health care

7.50 There was exceptional multi-agency working to support people entering the criminal justice system who had mental health issues. (6.32)

Appendix I: Inspection team

Sean Sullivan	HMIP team leader
Ian Thomson	HMIP inspector
Fay Deadman	HMIP inspector
Ian Macfadyen	HMIP inspector
Angela Johnson	HMIP inspector
Peter Dunn	HMIP inspector
Gary Boughen	HMIP inspector
Paddy Craig	HMIC inspector
Mark Ewan	HMIC inspector
Michael Bowen	HMIP health care inspector
Paul Tarbuck	HMIP health care inspector
Helen Carter	HMIP health care inspector
Hayley Cripps	HMIP researcher

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 Lancashire, 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 11 April 2011. A list of potential respondents to have passed through Lancashire police stations was created, listing all those who had arrived from Preston, Chorley, Blackburn, Blackpool, Accrington, Leyland, Lytham and Burnley Magistrates court within three months.[8]

Selecting the sample

In total, 57 respondents were approached. None reported being held in police custody suites outside of the Lancashire borough. Two respondents reported that they had been held in police custody more than one month ago; because there was a sufficient number of respondents who had been held in police custody within the previous month, these respondents were not included in the sample. The questionnaire was therefore offered to 55 respondents; there were two refusals and three questionnaires were returned blank. All of those sampled had been in custody within the previous month.
Completion of the questionnaire was voluntary. Interviews were offered to any respondents with literacy difficulties. Two respondents were interviewed.

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.

[8] Researchers routinely select a sample of prisoners held in police custody suites within the past three months. When 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 police custody suites over a longer period of time.

Response rates

In total, 50 (91%) 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 40 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 What police station were you last held at?

Blackpool – 14; Green Bank – 12; Burnley – 9; Preston – 8; Leyland – 5; Lancaster – 2

Q3 How old are you?

16 years or younger	0 (0%)	*40-49 years*	10 (20%)
17-21 years	0 (0%)	*50-59 years*	4 (8%)
22-29 years	13 (27%)	*60 years or older*	1 (2%)
30-39 years	21 (43%)		

Q4 Are you:

Male	50 (100%)
Female	0 (0%)
Transgender/transsexual	0 (0%)

Q5 What is your ethnic origin?

White - British	44 (88%)
White - Irish	0 (0%)
White - other	1 (2%)
Black or black British - Caribbean	1 (2%)
Black or black British - African	1 (2%)
Black or black British - other	0 (0%)
Asian or Asian British - Indian	0 (0%)
Asian or Asian British - Pakistani	1 (2%)
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	0 (0%)
Other ethnic group	1 (2%)

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

Yes	2 (4%)
No	43 (96%)

Q7 What, if any, would you classify as your religious group?

None	11 (24%)
Church of England	25 (56%)
Catholic	4 (9%)
Protestant	1 (2%)
Other Christian denomination	3 (7%)
Buddhist	0 (0%)
Hindu	0 (0%)
Jewish	0 (0%)
Muslim	1 (2%)
Sikh	0 (0%)

Q8 How would you describe your sexual orientation?

Straight/heterosexual	47 (100%)
Gay/lesbian/homosexual	0 (0%)
Bisexual	0 (0%)

Q9 Do you consider yourself to have a disability?

Yes	10 (21%)
No	38 (79%)

Q10 Have you ever been held in police custody before?

Yes	46 (94%)
No	3 (6%)

Section 2: Your experience of this custody suite

Q11 How long were you held at the police station?

Less than 24 hours	8 (16%)
More than 24 hours, but less than 48 hours (2 days)	20 (40%)
More than 48 hours (2 days), but less than 72 hours (3 days)	18 (36%)
72 hours (3 days) or more	4 (8%)

Q12 Were you given information about your arrest and your entitlements when you arrived there?

Yes	35 (70%)
No	12 (24%)
Don't know/can't remember	3 (6%)

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

Yes	29 (58%)
No	15 (30%)
I don't know what this is/I don't remember	6 (12%)

Q14 If your clothes were taken away, were you offered different clothing to wear?

My clothes were not taken	14 (30%)
I was offered a tracksuit to wear	7 (15%)
I was offered an evidence/paper suit to wear	19 (41%)
I was offered a blanket	0 (0%)
Nothing	6 (13%)

Q15 Could you use a toilet when you needed to?

Yes	46 (92%)
No	3 (6%)
Don't know	1 (2%)

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

Yes	21 (42%)
No	29 (58%)

Q17 Did you share a cell at the police station?

Yes	2 (4%)
No	48 (96%)

Q18 How would you rate the condition of your cell:

	Good	*Neither*	*Bad*
Cleanliness	14 (28%)	14 (28%)	22 (44%)
Ventilation/air quality	7 (15%)	17 (37%)	22 (48%)
Temperature	7 (14%)	9 (18%)	33 (67%)
Lighting	17 (36%)	16 (34%)	14 (30%)

Q19 Was there any graffiti in your cell when you arrived?

Yes 27 (55%)
No 22 (45%)

Q20 Did staff explain to you the correct use of the cell bell?

Yes 8 (16%)
No 41 (84%)

Q21 Were you held overnight?

Yes 48 (98%)
No 1 (2%)

Q22 If you were held overnight, which items of clean bedding were you given?

Not held overnight 1 (2%)
Pillow 1 (2%)
Blanket 34 (71%)
Nothing 12 (25%)

Q23 Were you offered a shower at the police station?

Yes 3 (6%)
No 46 (94%)

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

Yes 1 (2%)
No 48 (98%)

Q25 Were you offered anything to:

	Yes	*No*
Eat?	46 (94%)	3 (6%)
Drink?	42 (91%)	4 (9%)

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

Very good	*Good*	*Neither*	*Bad*	*Very Bad*	*N/A*
0 (0%)	1 (2%)	6 (14%)	14 (33%)	19 (44%)	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 14 (31%)
No 28 (62%)

Q28 If you smoke, were you offered anything to help you cope with the smoking ban there?

I do not smoke 1 (2%)
I was allowed to smoke 0 (0%)
I was not offered anything to cope with not smoking 48 (98%)

I was offered nicotine gum 0 (0%)
I was offered nicotine patches 0 (0%)
I was offered nicotine lozenges 0 (0%)

Q29 Were you offered anything to read?
Yes 5 (10%)
No 44 (90%)

Q30 Was someone informed of your arrest?
Yes 17 (35%)
No 13 (27%)
I don't know 6 (12%)
I didn't want to inform anyone 13 (27%)

Q31 Were you offered a free telephone call?
Yes 19 (39%)
No 30 (61%)

Q32 If you were denied a free phone call, was a reason for this offered?
My telephone call was not denied 22 (48%)
Yes 4 (9%)
No 20 (43%)

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

	Yes	*No*
Who was taking care of your children	5 (15%)	28 (85%)
Contacting your partner, relative or friend	19 (53%)	17 (47%)
Contacting your employer	6 (18%)	27 (82%)
Where you were going once released	15 (42%)	21 (58%)

Q34 Were you interviewed by police officials about your case?
Yes 45 (94%)
No ..... 3 (6%) If No, go to Q36

Q35 Were any of the following people present when you were interviewed?

	Yes	*No*	*Not needed*
Solicitor	39 (89%)	5 (11%)	0 (0%)
Appropriate Adult	1 (4%)	7 (30%)	15 (65%)
Interpreter	1 (4%)	7 (29%)	16 (67%)

Q36 How long did you have to wait for your solicitor?
I did not requested a solicitor 5 (10%)
2 hours or less 7 (15%)
Over 2 hours but less than 4 hours 12 (25%)
4 hours or more 24 (50%)

Section 3: Safety

Q38 Did you feel safe there?
Yes 30 (64%)
No 17 (36%)

Q39 **Had another detainee or a member of staff victimised (insulted or assaulted) you there?**

Yes	17 (37%)
No	29 (63%)

Q40 **If you have felt victimised, what did the incident involve? (Please tick all that apply to you.)**

I have not been victimised	29 (63%)	*Because of your crime*	5 (11%)
Insulting remarks (about you, your family or friends)	6 (13%)	*Because of your sexuality*	1 (2%)
Physical abuse (being hit, kicked or assaulted)	6 (13%)	*Because you have a disability*	1 (2%)
Sexual abuse	0 (0%)	*Because of your religion/religious beliefs*	2 (4%)
Your race or ethnic origin	1 (2%)	*Because you are from a different part of the country than others*	0 (0%)
Drugs	6 (13%)		

Q41 **Were your handcuffs removed on arrival at the police station?**

Yes	38 (84%)
No	5 (11%)
I wasn't handcuffed	2 (4%)

Q42 **Were you restrained while in the police custody suite?**

Yes	9 (20%)
No	37 (80%)

Q43 **Were you injured while in police custody in a way that you feel was not your fault?**

Yes	11 (22%)
No	38 (78%)

Q44 **Were you told how to make a complaint about your treatment if you needed to?**

Yes	7 (15%)
No	41 (85%)

Section 4: Health care

Q46 **Did you need to take any prescribed medication when you were in police custody?**

Yes	23 (50%)
No	23 (50%)

Q47 **Were you able to continue taking your prescribed medication while there?**

Not taking medication	23 (50%)
Yes	9 (20%)
No	14 (30%)

Q48 **Did someone explain your entitlements to see a health care professional if you needed to?**

Yes	15 (33%)
No	24 (53%)
Don't know	6 (13%)

Q49 **Were you seen by the following healthcare professionals during your time there?**

	Yes	*No*
Doctor	20 (54%)	17 (46%)

Nurse	23 (61%)	15 (39%)
Paramedic	2 (8%)	23 (92%)
Psychiatrist	2 (8%)	24 (92%)

Q50 Were you able to see a health care professional of your own gender?

Yes 13 (28%)
No 21 (46%)
Don't know 12 (26%)

Q51 Did you have any drug or alcohol problems?

Yes 28 (61%)
No 18 (39%)

Q52 Did you see, or were offered the chance to see a drug or alcohol support worker?

I didn't have any drug/alcohol problems 18 (40%)
Yes 11 (24%)
No 16 (36%)

Q53 Were you offered relief or medication for your immediate symptoms?

I didn't have any drug/alcohol problems 18 (39%)
Yes 11 (24%)
No 17 (37%)

Q54 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*
11 (24%)	4 (9%)	6 (13%)	8 (18%)	8 (18%)	8 (18%)

Q55 Did you have any specific <u>physical</u> health care needs?

No 32 (65%)
Yes 17 (35%)
Please specify: 17 (100%)

Q56 Did you have any specific <u>mental</u> health care needs?

No 36 (73%)
Yes 13 (27%)
Please specify: 20 (100%)

<u>Thank you for your time.</u>

Detainee survey responses for Lancashire Constabulary 2011

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

Key to tables

	Any percentage highlighted in green is significantly better	Lancashire	Police custody comparator
	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		50	1391
SECTION 1: General information			
3	Are you under 21 years of age?	**0%**	**9%**
4	Are you Transgender/Transsexual?	**0%**	**1%**
5	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?	**10%**	**31%**
6	Are you a foreign national?	**4%**	**14%**
7	Are you Muslim?	**2%**	**11%**
8	Are you homosexual/gay or bisexual?	**0%**	**2%**
9	Do you consider yourself to have a disability?	**21%**	**20%**
10	Have you been in police custody before?	**94%**	**91%**
SECTION 2: Your experience of this custody suite			
For the most recent journey you have made either to or from court or between prisons:			
11	Were you held at the police station for over 24hours?	**84%**	**66%**
12	Were you given information about your arrest and entitlements when you arrived?	**70%**	**74%**
13	Were you told about PACE?	**58%**	**52%**
14	If your clothes were taken away, were you given a tracksuit to wear?	**22%**	**44%**
15	Could you use a toilet when you needed to?	**92%**	**90%**
16	If you did use the toilet was toilet paper provided?	**42%**	**50%**
17	Did you share a cell at the station?	**4%**	**3%**
18	Would you rate the condition of your cell, as 'good' for:		
18a	Cleanliness?	**28%**	**31%**
18b	Ventilation/air quality?	**15%**	**22%**
18c	Temperature?	**14%**	**15%**
18d	Lighting?	**36%**	**43%**
19	Was there any graffiti in your cell when you arrived?	**55%**	**54%**
20	Did staff explain the correct use of the cell bell?	**16%**	**22%**
21	Were you held overnight?	**98%**	**92%**
22	If you were held overnight, were you given **no** clean items of bedding?	**25%**	**28%**
23	Were you offered a shower?	**6%**	**10%**
24	Were you offered a period of outside exercise?	**2%**	**7%**
25a	Were you offered anything to eat?	**94%**	**81%**
25b	Were you offered anything to drink?	**91%**	**84%**
	For those who had food:		
26a	Was the quality of the food and drink you received 'good'/'very good'?	**3%**	**11%**
26b	Was the food/drink you received suitable for your dietary requirements?	**33%**	**45%**
27	For those who smoke: were you offered nothing to help you cope with the ban there?	**100%**	**93%**
28	Were you offered anything to read?	**10%**	**14%**
29	Was someone informed of your arrest?	**35%**	**43%**
30	Were you offered a free telephone call?	**39%**	**50%**

Key to tables

		Lancashire	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		
31	If you were denied a free call, was a reason given?	**17%**	**14%**
32	Did you have any concerns about:		
32a	Who was taking care of your children?	**15%**	**15%**
32b	Contacting your partner, relative or friend?	**53%**	**53%**
32c	Contacting your employer?	**18%**	**20%**
32d	Where you were going once released?	**42%**	**31%**
34	If you were interviewed were the following people present:		
34a	Solicitor	**89%**	**72%**
34b	Appropriate adult	**4%**	**7%**
34c	Interpreter	**4%**	**7%**
35	Did you wait over 4 hours for your solicitor?	**56%**	**65%**
SECTION 3: Safety			
39	Did you feel unsafe?	**36%**	**39%**
40	Has another detainee or a member of staff victimised you?	**37%**	**41%**
41	If you have felt victimised, what did the incident involve?		
41a	Insulting remarks (about you, your family or friends)	**13%**	**20%**
41b	Physical abuse (being hit, kicked or assaulted)	**13%**	**14%**
41c	Sexual abuse	**0%**	**2%**
41d	Your race or ethnic origin	**2%**	**5%**
41e	Drugs	**13%**	**14%**
41f	Because of your crime	**11%**	**17%**
41g	Because of your sexuality	**2%**	**1%**
41h	Because you have a disability	**2%**	**3%**
41i	Because of your religion/religious beliefs	**4%**	**3%**
41j	Because you are from a different part of the country than others	**0%**	**4%**
42a	Were your handcuffs removed on arrival at the police station?	**88%**	**74%**
42b	Were you restrained whilst in the police custody suite?	**20%**	**17%**
43	Were you injured whilst in police custody, in a way that you feel is not your fault?	**22%**	**24%**
44	Were you told how to make a complaint about your treatment?	**15%**	**13%**
SECTION 4: Health care			
46	Did you need to take any prescribed medication when you were in police custody?	**50%**	**49%**
47	For those who were on medication: were you able to continue taking your medication?	**39%**	**36%**
48	Did someone explain your entitlement to see a health care professional if you needed to?	**33%**	**35%**
49	Were you seen by the following health care professionals during your time in police custody:		
49a	Doctor?	**54%**	**47%**
49b	Nurse?	**61%**	**19%**
	Percentage seen by either a doctor or a nurse:	**74%**	**53%**
49c	Paramedic?	**8%**	**4%**
49d	Psychiatrist?	**8%**	**3%**
50	Were you able to see a health care professional of your own gender?	**28%**	**27%**
51	Were you able to see a health care professional of your own gender?	**61%**	**54%**
For those who had drug or alcohol problems:			
52	Did you see, or were offered the chance to see a drug or alcohol support worker?	**41%**	**42%**
53	Were you offered relief medication for your immediate symptoms?	**39%**	**31%**
54	For those who had been seen by health care, would you rate the quality as good/very good?	**29%**	**29%**
55	Do you have any specific physical health care needs?	**35%**	**32%**
56	Do you have any specific mental health care needs?	**27%**	**24%**