



Report on an inspection visit to police custody suites in Islington Command Unit

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by HM Inspectorate of Prisons and
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1. Introduction

This is the second in a series of reports of inspections of police custody suites carried out by our two inspectorates. These inspections form a key part of the joint work programme for the criminal justice inspectorates, agreed with ministers, and arise from the UK's international obligation to ensure the regular independent inspection of all places of detention.¹ The inspections look not only at compliance with the Police and Criminal Evidence Act (PACE) codes, but also at the conditions of detention and the treatment of detainees.

The Islington Basic Command Unit contains two custody suites. The main suite, at Tolpuddle Street police station, normally provides 24 cells and holds a mix of adults, juveniles and, occasionally, immigration detainees. A subsidiary eight-cell unit on Hornsey Road, Holloway, is used primarily for special operations – for example, charging those arrested at football matches – and is also used as an overspill facility. During our inspection, it was operational owing to the temporary closure for repairs of some cells at Tolpuddle Street.

We were satisfied that custody staff in both suites were implementing the PACE codes rigorously and consistently. Day-to-day supervision was provided by an effective custody support team, led by an inspector, and custody teams comprised custody sergeants, dedicated detention officers (DDOs) and police constable gaolers. While most sergeants and DDOs had received training in custodial issues, no constables were custody specialists. They were taken, as required, from other duties and we were concerned that this could lead to inconsistency in practice.

There were procedures to reduce risk to detainees and we observed effective handovers between staff, setting out salient issues. However, risk assessments were reliant on information from the Police National Computer or what detainees told staff. Staff tended to be risk-averse and this led to a one-size-fits-all approach to reducing risk rather than a more individualised approach.

Both suites were reasonably clean and, with the exception of cells closed for repairs at Tolpuddle Street, were well maintained. However, cells did not have handwashing facilities or access to drinking water, and there was an inconsistent approach to providing information about what amenities were available, for example showers or even toilet paper.

Detainees were routinely informed of their rights and entitlements on admission to the suites and details were entered on the computerised custody record system, although we noted a number of significant errors on the system. Detainees were treated courteously and given the opportunity to inform someone of their whereabouts and to contact a doctor or lawyer. Good use was made of translation and interpretation services when dealing with those with poor English.

However, custody desks abutted one another, which meant that confidential matters could be discussed without sufficient privacy, and even raised potential child protection issues. More generally, while we observed considerable sensitivity being exercised by staff, there were no separate policies for dealing with the particular needs of young people or women.

A reasonable service was provided by the forensic medical examiners (FMEs) who were able to use suitable medical rooms. However, clinical governance arrangements were poor, as was

¹ Required under the Optional Protocol to the United Nations Convention on the Prevention of Torture and Inhuman and Degrading Treatment.

some record keeping, and it was not always easy to access a female FME. There were good mental health and drug services, and these allowed for continued care on return to the community.

The inspection also raised issues for the UK Border Agency (UKBA), which contracts with the Metropolitan Police to provide short-term holding facilities for immigration detainees. There was insufficient UKBA oversight of detainees to ensure that their detention was as short as possible and that their legal and other needs were properly addressed. There were no specific operating instructions and standards for immigration detainees.

This second joint inspection of police custody suites in a London borough provides important independent assurance that most aspects of police detention in Islington are conducted professionally and with care. The report identifies a number of areas where further improvements are needed and it is hoped that this will assist the Borough Commander and the Metropolitan Police's Custody Directorate to move further towards best practice.

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HM Chief Inspector of Prisons

Sir Ronnie Flanagan
HM Chief Inspector of Constabulary

August 2008

2. Background and key findings

- 2.1 HM Inspectorates of Prisons and Constabulary have begun 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 do not look only at the implementation of the Police and Criminal Evidence Act (PACE) codes. They are also informed by expectations 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 The Metropolitan Police Service (MPS) has 76 custody suites designated under the Police and Criminal Evidence Act 1984 for the reception of detainees. Twenty-two are 'overflow custody suites', used for various operational matters such as charging centres for football matches or immigration detention. The remaining custody suites operate 24 hours a day and deal with detainees arrested as a result of mainstream policing.
- 2.3 This inspection was conducted in the two custody suites in the London Borough of Islington. Inspectors examined force-wide and borough custody strategies, as well as treatment and conditions, individual rights and healthcare in each suite. A survey of prisoners at HMP Pentonville who had formerly been detained in the Tolpuddle Street and Hornsey Road custody suites was conducted by HM Inspectorate of Prisons researchers to obtain additional evidence (see appendix II).
- 2.4 The main custody suite at Tolpuddle Street was open continuously and normally held a mix of up to 24 adults, juveniles and, occasionally, immigration detainees. We were told that the suite processed about 1,000 arrested individuals per month. A subsidiary unit on Hornsey Road in Holloway had eight cells and was used primarily for special operations, for example, charging those arrested at football matches, and occasionally as an overspill facility. During our inspection, however, it was fully operational owing to the temporary closure of some cells at Tolpuddle Street.

Strategic overview

- 2.5 A commander in the MPS retained custody as part of his portfolio of responsibilities. Responsibility and accountability for custody locally rested with the borough commander, although the Metropolitan Police Service Custody Directorate supported boroughs with policy guidance and an internal inspection regime. In Islington, day-to-day supervision was provided by a custody support team led by an inspector, but including police and administrative staff. Custody teams deployed to the borough's two custody suites comprised custody sergeants, police constable (PC) gaolers and dedicated detention officers (DDOs). Police officers were not specifically posted into custody, and staff were taken from the shift's relief and response duties. All sergeants had been trained in custody as part of their generic sergeant training.
- 2.6 The two custody suites were visited routinely by independent custody visitors (ICVs), who made regular reports. There were systems to enquire into the comments of the ICV, but arrangements to collate and analyse complaints were less well developed.

Treatment and conditions

- 2.7 The environment and facilities at both Tolpuddle Street and Hornsey Road stations were reasonable. Cells were acceptably clean, and seven cells at Tolpuddle Street had been closed following recent inspections because of issues of cleanliness and safety. Cells did not, however, contain hand washing facilities or access to drinking water. No detainee was required to share a cell. Risk assessments were relatively unsophisticated and relied on information obtained from the police national computer or provided by the detainee. There was little regard for specific individual needs, and a tendency towards risk avoidance that could affect some individuals disproportionately. Information given to detainees about access to amenities such as showers, clothing, the cell bell system and arrangements for privacy in in-cell toilets, or even access to toilet paper, was inconsistent. We observed handovers detailing the risks and needs of individual detainees, and relationships between custody staff and detainees were generally good and respectful.

Individual rights

- 2.8 Rights and entitlements were explained to detainees on their admission to the custody suites. Information about detainees was recorded on the National Strategy for Police Information Systems (NSPIS) computerised custody record system, but there was minimal privacy at the custody desk to discuss confidential information. We observed some detainees held in handcuffs in the custody suite for extended periods. Detainees were given the opportunity to inform someone of their whereabouts, and had access to a doctor and a solicitor if requested. It was not easy for immigration detainees to find a solicitor, but there was good use of the telephone translation service and interpreters. Not all custody reviews were recorded accurately. Complaints procedures were inadequately explained to detainees, and we were not assured about the support given to those who wished to raise complaints.
- 2.9 There were no separate policies for dealing with young people or female detainees, although we saw a custody sergeant respond sensitively to a young detainee. A female gaoler was normally available, but this was not guaranteed.
- 2.10 There was no requirement for custody staff to carry out a pre-discharge risk assessment as part of a standard operating procedure (SOP), but vulnerable detainees were directed to appropriate community agencies on their release.

Healthcare

- 2.11 There was a reasonable healthcare service provided by the forensic medical examiners (FMEs) who covered the custody suites at Tolpuddle Street and Hornsey Road. Not all FMEs were GP-trained. Medical rooms were adequate and emergency resuscitation equipment was available. Detainees could see an FME on request, but could wait up to three hours to be seen. Arrangements for female detainees to see a woman FME were weak. Medical record keeping was underdeveloped and confused, and could affect a detainee's continuity of care. No clinical governance arrangements were evident. Mental health services appeared to be appropriate and responsive to the immediate needs of detainees. Drug services were good, with a referral worker in the custody suite for 14 hours a day. The scheme appeared well supported, and staff were able to continue working with the detainees in the community, although there was no clear link to the clinical service provided by the FMEs, and only

symptomatic relief was available to those detainees who had been on detoxification regimes before their arrest.

3. Strategy

- 3.1 The Metropolitan Police Service (MPS) has a Custody Directorate within Territorial Policing led by a commander, with day-to-day management by a detective superintendent. Directorate staff conducted internal inspections, but there was no formal mechanism for following up and ensuring compliance. Responsibility for day-to-day management of custody suites and delivery of services was devolved to boroughs. Responsibility and accountability, therefore, rested with the borough commander, who was a chief superintendent.
- 3.2 Some custody staff had received nationally approved custody training, but others had not. The lack of a permanent custody team appeared to have had a detrimental effect on the level of ownership of work in the custody suites, although custody officers were organised and professional. Independent custody visitors visited the custody suites regularly, but there was no protocol governing their access to the National Strategy for Police Information Systems (NSPIS) custody system. There was no evidence of United Kingdom Border Agency (UKBA) oversight of the custody suites when they were used to hold immigration detainees.

Expectation

- 3.3 There is a policy focus on custody issues at a chief officer level that is concerned with developing and maintaining the custody estate, staffing custody suites with trained staff, managing the risks of custody, meeting the health and wellbeing needs of detainees and working effectively with colleagues in the health service, immigration service, youth offending service, criminal justice teams, Crown Prosecution Service (CPS), courts and other law enforcement agencies.

Findings

- 3.4 A commander was the chief officer lead on custody for the MPS. The Custody Directorate had an inspection function: one police inspector and one health and safety officer had individual responsibilities for audit and inspection, health and safety and the implementation of *Guidance on the safer detention and handling of persons in police custody*.
- 3.5 The Custody Directorate also provided standard operating procedures (SOPs) for custody suites in each London borough. They covered police custody, use of closed-circuit television and guidance to custody staff on the supervision of detainees. The SOPs were designed to assist boroughs to deliver consistent levels of service, although responsibility and accountability for doing so had been delegated to borough commanders.
- 3.6 Islington borough had two custody suites. Tolpuddle Street was the main custody suite with 24 cells. A subsidiary unit in Holloway (Hornsey Road) had eight cells, which mainly dealt with special operations and was occasionally used as an overspill facility. At the time of the inspection, seven cells were closed at Tolpuddle Street due to concerns about cracked or leaking toilets and potential ligature points. Holloway was fully operational, but used in a limited fashion.
- 3.7 Custody training for sergeants and designated detention officers (DDOs) and refresher training was delivered corporately. Custody teams consisted of three sergeants, two DDOs and one police constable (PC) gaoler. The borough had no permanent custody teams, except for the

DDOs. The custody sergeants and PC gaolers were taken from shifts engaged on response duties. This had a detrimental effect on the level of ownership of work in the custody suites. The borough commander was concerned about this and he was keen to move towards dedicated custody teams. There were plans to identify 15 dedicated sergeant posts and to have these in place by late summer 2008. However, problems with the introduction of a new duty scheme meant achievement of this was uncertain.

- 3.8 Some custody sergeants had received nationally approved custody training, but others had not. We were informed that not all sergeants had been National Strategy for Police Information Systems (NSPIS) custody trained. Custody teams were often assisted by PC gaolers with little or no experience of custody work. These officers received only hands-on training in the custody suites, though specialist computer-based gaoler training was planned. The DDOs had received custody specific training, which included first aid.
- 3.9 The borough had a custody support team made up of an inspector, a sergeant, a constable and three administrative staff. This team dealt with many of the day-to-day custody reviews, personnel issues and health and safety matters that arose in custody, as well as administrative tasks.
- 3.10 There were national policies with partner organisations in the criminal justice system, which allowed for services tailored to local need. However, the Crown Prosecution Service (CPS) was not always able to meet police needs for charging advice, which had led to unnecessary re-bailing of suspects and subsequent pressure in custody suites. Re-bailing of suspects was scrutinised at chief inspector level. There were two CPS lawyers for the borough, and CPS Direct dealt with charging decisions after 5pm.
- 3.11 Operation Swale, a joint police-UKBA exercise relating to immigrants using forged documents, was operating in the borough at the time of the inspection. Immigration detainees could be held in custody for up to five days, or seven days if immigration papers had been served. There was no evidence of UKBA oversight of immigration detainees, and there was a lack of information from UKBA to the MPS on case progression. A specific concern was the lack of access that immigration detainees had to legal advice and their difficulties in trying to obtain legal assistance.
- 3.12 The MPS's single point of contact for immigration matters and the UKBA's detention allocation inspector for the London South East Region both considered the main problem with immigration detainees was that they were held for lengthy periods, often up to the prescribed limits, in unsuitable facilities. We were told that station custody managers were advised to contact local enforcement offices and the UKBA's Detainee, Escorting and Population Management Unit when cases were not progressing. UKBA staff informed us that a strategy group was about to be formed to consider how to alleviate the recurring problem of immigration detainees being held in police stations for lengthy periods. While there were operating instructions covering the detention of immigration detainees, they did not offer guidance to staff on the impact of long periods of detention on the detainees.
- 3.13 There was a Metropolitan Police Authority lead for the independent custody visitors (ICV) scheme, which was viewed as an important independent oversight mechanism. However, ICVs were concerned that there was no protocol on the information they could access on the NSPIS custody system. This had replaced manually completed whiteboards and held information on detainees.
- 3.14 Most, if not all, detainees were asked if they wished to speak to a drugs referral worker. However, there was no effective liaison between forensic medical examiners and the drugs

referral worker, which prevented a more holistic approach to the treatment of detainees who were substance dependent.

Expectation

- 3.15 There is an effective management structure for custody that ensures that policies and protocols are implemented and managed and that there are mechanisms for learning from adverse incidents, rubbing points or complaints.

Findings

- 3.16 ICVs visited the custody suites regularly, made weekly reports, and were clearly focused on prisoner standards and welfare. They were prepared to seek assurance about any concerns, and were consistent in the issues they reported on. However, the ICV chair felt that they constantly reported on the same type of issues and struggled to get suitable responses to their concerns. There was a system of recording ICV concerns and a formal mechanism for feedback. However, an examination of ICV reports revealed that the police failed to deal with ICV concerns, or complaints from detainees which were recorded on the supplementary pages in the ICV reports, and this was a weakness.
- 3.17 Complaints from detainees were not taken while they were in custody unless they were of a serious nature. Instead, they were told to make a complaint on their release by reporting to the front desk of the police station (see 5.42). This was a flawed working practice, which could be viewed as a mechanism for suppressing complaints. We found that there was no feedback from the Department for Professional Standards to borough or custody managers about the number or types of complaints made by detainees. This was a weakness in identifying opportunities to learn from or solve the underlying causes of complaints.
- 3.18 We found no evidence that detainees were detained inappropriately. Custody officers needed to have greater recognition of the impact of custody on juveniles. While the additional legal safeguards for juveniles were strictly adhered to, there was no evidence that they were otherwise dealt with any differently from adult detainees. The 'appropriate adult' scheme for juveniles and vulnerable adults was sound and provided a good service.
- 3.19 Newsletters from the Custody Directorate provided information and advice on detainee supervision, and identified health and safety learning points from investigating adverse incidents. Adverse incidents were referred to as 'successful interventions' to encourage reporting and create a positive learning environment.

Expectation

- 3.20 Maintenance of facilities only occurs when the suite is closed down.

Findings

- 3.21 Maintenance appeared to take place when facilities were open, as the custody suite at Tolpuddle Street remained open even though seven cells were closed for remedial work.

Recommendations

To the Metropolitan Police Service

- 3.22 There should be a clear procedure for following up and monitoring progress following internal inspections.
- 3.23 The Metropolitan Police Service (MPS) should establish the extent to which identified weaknesses in custody practices and procedures have been exacerbated by the lack of a permanent custody team and take action accordingly.
- 3.24 All custody staff should undergo nationally approved custody officer training.
- 3.25 The MPS should consult with the Crown Prosecution Service with the aim of developing an effective bail management system that minimises use of custody.
- 3.26 A protocol should be developed governing the access of independent custody visitors (ICVs) to information on the National Strategy for Police Information Systems (NSPIS).
- 3.27 There should be effective liaison between forensic medical examiners and drugs referral workers in respect of detainees who are identified by the forensic medical examiners as substance dependent.
- 3.28 All concerns raised in ICV reports, including those on supplementary pages, should be captured, acknowledged and responded to.
- 3.29 Detainees who wish to make a formal complaint about their arrest or treatment during custody should be able to do so while in custody.
- 3.30 The number and nature of complaints should be analysed centrally and this information fed back to boroughs and custody managers to enable them to identify and solve the underlying cause of complaints.
- 3.31 Custody reviews on custody records should accurately reflect the interaction between the reviewing officer and the detainee.
- 3.32 Custody officers need to be aware of the impact of custody on juveniles, and should be given additional training on how to respond appropriately to their needs.

To the UK Border Agency and Metropolitan Police Service

- 3.33 The UK Border Agency (UKBA) should regularly monitor the physical conditions in which detainees are held on its behalf by the MPS.
- 3.34 There should be clear operating instructions and standards to regulate the use of police cells for immigration detainees and a protocol between the MPS and the UKBA that incorporates the following:
 - the UKBA should ensure that immigration detainees are held for the shortest possible time in police cells

- the UKBA should review detention expeditiously and keep detainees informed of case progress in a language they can understand
- immigration officials should serve and fully explain to detainees any documents that have important consequences or engage appeal rights
- police custody officers should communicate daily with the UKBA to ensure speedy case progression.

4. Treatment and conditions

- 4.1 The general condition of facilities at both Tolpuddle Street and Hornsey Road stations were reasonable. Risk assessment was relatively unsophisticated with little regard for specific individual needs and a tendency towards risk avoidance. Detainees were given little or no information about access to showers and clothing. Some detainees were not aware of the cell bell system, the arrangements for privacy around in-cell toilets or how to obtain toilet paper. Relationships between custody staff and detainees were generally good, and we observed that they were generally respectful.

Expectation

- 4.2 Custody staff are aware of the risk of self-harm from:

- attempted suicide
- drugs ingestion
- medical conditions
- alcohol

and these risks are assessed, monitored and managed appropriately.

Findings

- 4.3 All detainees were assessed for their risk of self-harm on their reception into the custody suite. The process relied heavily on information received from police national computer (PNC) checks, which assumed the individual was already known to the police service. Before the introduction of the current National Strategy for Police Information Systems (NSPIS) all such assessments were carried out on a paper pro forma, which was now incorporated into the electronic system. The custody sergeant undertook the risk assessment.
- 4.4 We saw a good example of a shift handover when all staff coming on duty were given a detailed overview of the detainees currently held, including those with a heightened risk of self-harm. All detainees were checked at least hourly, and we saw examples of checks as frequently as every 15 minutes where the risk indicated a need. Detainees were not told when such checks would be made or how regularly, which is a positive step in preventing self harm. Staff on duty at Hornsey Road custody suite carried keys and ligature shears. At Tolpuddle Street, four sets of keys were issued at the beginning of each shift.
- 4.5 All detainees were asked about any alcohol or drug dependency. Contact with the forensic medical examiner (FME) was offered when such factors were identified.
- 4.6 Although there was good use of past information about individuals, there was a heavy reliance on the experience of custody sergeants. Given this, there was a tendency to risk aversion or avoidance, with all detainees denied access to certain items, regardless of individual risk. Detainees invariably had articles such as shoelaces and belts removed from them before they were placed in a cell, and, although cells were designed without ligature points, they were only given a blanket after a risk assessment. In one case that we saw, a detainee who requested a blanket at night was turned down initially, but was allowed one later on condition that his hands and face remained above the blanket at all times. Prisoners deemed to present a risk were not

automatically offered a blanket with such a proviso. We also saw another detainee who was denied his glasses, despite the fact that there was little to indicate that he posed a risk of self-harm.

- 4.7 There was a system of logging hazards and near misses in custody records, which we were told were forwarded to the Metropolitan Police Service (MPS) Custody Directorate and Police Federation to develop good practice. However, there was no local system to log all events to build up a picture of factors and circumstances that could increase risk, and, as a consequence, custody sergeants depended on conjecture to make such judgments. There were always at least two custody sergeants and a Police and Criminal Evidence Act (PACE) inspector available to consult if needed.
- 4.8 The custody sergeants had completed a four-week training course and received adequate training in all basic aspects of custody. Civilian designated detention officers (DDOs) had also undertaken a three-week course that equipped them adequately for their role. In contrast to this, PC gaolers had received no specialist formal training and were required to learn all they needed to know on the job.

Expectation

- 4.9 Custody staff are aware of any risk of harm to others and this is managed appropriately. Detainees are not placed in cells together unless a risk assessment indicates that it is safe to do so. Risk assessments include whether the detainee has previous convictions for racially aggravated offences.

Findings

- 4.10 Custody staff consistently spoke to detainees in a respectful and polite manner. On reception, all detainees were assessed for risk of self-harm (see 4.3), but there was little assessment of their risk to others. For example, unless a specific current charge or previous conviction was racially motivated, such factors were not routinely considered and detainees were not asked specific questions to explore potential risks.
- 4.11 As all cells at Tolpuddle Street and Hornsey Road were single, there was no cell sharing risk assessment. Twelve of the 24 cells at Tolpuddle Street and all but one at Hornsey Road had CCTV. Detainees deemed to be high risk were placed in such cells. Six cells at Tolpuddle Street and one at Hornsey Road were identified for female detainees. None were designated specifically for juveniles. All cells were of the same design.

Expectation

- 4.12 Holding cells are equipped with call bell systems and their purpose is explained to detainees. They are responded to within a reasonable time.

Findings

- 4.13 All cells had a cell bell system. In our survey (see appendix I), none of the eight detainees we spoke to had been told what the cell bells were for, or how or when it was appropriate to use them. However, during a night visit to Tolpuddle Street we did see effective contingencies when the cell bell system was noted to be faulty. To manage this effectively, all detainees were

checked every quarter of an hour, and one PC gaoler sat in the main corridor throughout the period that the alarm system was out of action.

- 4.14 There was no system to log bell calls electronically or record the time it took to respond to them. There were no records to indicate that all cell bells were checked each day to ensure they were working. The system of monthly checks was insufficient. Nevertheless, we saw a number of cell bell calls used throughout the inspection, and all were responded to reasonably quickly.

Expectation

- 4.15 Holding areas, cells, interview rooms and detention rooms are:

- clean
- free from graffiti
- in good decorative order
- of a suitable temperature
- well ventilated
- well lit
- equipped with somewhere to sit
- free of ligature points.

Findings

- 4.16 The general standard of cleanliness in the custody suites was reasonable. Custody staff made a weekly check of all cells and logged any necessary repairs. We saw examples in the independent custody visitor (ICV) log where cells had been taken out of commission while subject to repair. In the fortnight before our visit, seven cells at Tolpuddle Street had been closed due to damage. As a consequence, the custody suite at Hornsey Road in Holloway, usually reserved for overflow and use during football matches, was used regularly. Here the cells, designed for double occupancy, were large. Most were generally free of graffiti, although there was some writing on doorframes. Most cells were, nevertheless, cold and some detainees complained about the temperature.

Expectation

- 4.17 A smoking policy for staff and detainees is enforced that respects the right of individuals to breathe clean air in the custody suite.

Findings

- 4.18 Both police stations and custody suites were designated as no smoking. Detainees were unable to smoke anywhere. Although a small caged area just outside the main detainee entry at Tolpuddle Street, identified for holding violent or refractory individuals, had an ashtray, smoking was not allowed there.
- 4.19 There were no facilities to offer nicotine replacement.

Expectation

- 4.20 Detainees are provided with suitable meals that cater for special dietary requirements, and drinks at appropriate intervals.

Findings

- 4.21 During the day, detainees were given meals from the staff mess. At all other times, at weekends and between 8pm and 8am, food was restricted to microwave meals. The range of these was limited and those with specific religious diets, such as kosher and halal, had to rely on vegetarian options. Nevertheless, detainees we spoke to were not critical of their meals.
- 4.22 There appeared to be no specific approach to ensure that detainees always had adequate food and drink. At Hornsey Road, we observed unnecessary delays in catering for a group of detainees who had just spent a long period confined in the back of a lorry.

Expectation

- 4.23 Detainees are provided with a mattress, pillow and clean blankets if held overnight.

Findings

- 4.24 All cells had a mattress and pillow on the wooden benches. Blankets were provided on request and subject to risk assessment (see 4.6). Some detainees we spoke to were not aware that blankets were available. Custody staff assumed that detainees would have previous experience of police custody to know what they could ask for, and did not provide information as a matter of course, even to those in custody for the first time.

Expectation

- 4.25 Detainees are able to use a toilet in privacy, and toilet paper and washing facilities are provided.

Findings

- 4.26 None of the cells had washing facilities or drinking water. Detainees could wash at sinks in both the male and female cell areas and could ask for drinking water. However, they were not consistently made aware of this and, given that some did not know about the cell bell system, they did not, therefore, know how to make such a request. Access to washing facilities was dependent on the availability of staff to supervise.
- 4.27 All cells had integral sanitation. Toilets in cells covered by CCTV were out of vision, and therefore had some privacy. However, in our survey, none of the eight detainees questioned knew that they could not be seen while they used the facilities. One teenage girl told us that she would not use the toilet because she was embarrassed at the thought of being watched.
- 4.28 Toilet paper was available, and some cells had a stencil notice on the wall informing the detainee that they could ask for paper. But where this information was not provided, detainees

did not know that it was available. Only four of the eight detainees interviewed had been offered toilet paper.

Expectation

- 4.29 Detainees whose clothing is taken for forensic examination are provided with suitable alternative clothing before being released or transferred to court.

Findings

- 4.30 The custody suite had a supply of white jogging bottoms and tops for detainees if their clothing was taken for forensic examination. If evidence needed to be preserved, paper suits could be used, but detainees were never produced at court wearing these. However, the white tracksuits would make the detainees stand out if they were released in them, and were therefore inappropriate.

Expectation

- 4.31 Detainees who are held for more than 24 hours are able to take a shower and a period of outdoor exercise.

Findings

- 4.32 It was relatively rare for detainees to be held for more than 24 hours. Nonetheless, immigration detainees were sometimes held prior to deportation under IS91 (authority to detain notification), and were often in the custody suite for four or five days.
- 4.33 Both the female and male sides of the custody suites had a shower, and these were reasonably clean. The frequency of their use, however, was unclear. Detainees could request a shower, if they knew this was available, but this was subject to staff availability to supervise access. We were told that such requests were sometimes turned down at busy times. At Hornsey Road, the female shower appeared to run cold only. None of the eight detainees interviewed during the inspection had been offered a shower,
- 4.34 Although we saw shower gel, toothbrushes and toothpaste available for detainee use, this was dependent on a request from them and knowledge of availability was limited. This issue had also been recognised by an ICV who, in March 2008, recorded an example of detainees not being aware of toothpaste or access to a shower.
- 4.35 Neither custody suite had exercise areas or facilities, and detainees were unable to access fresh air while in custody. We were told that some staff sometimes took individuals outside for brief periods, but there was no secure area appropriate for exercise, and such practice was inconsistent.

Expectation

- 4.36 Detainees who are held in custody for several days are provided with suitable reading material. Visits are also allowed, and changes of clothing, especially underwear, are facilitated.

Findings

- 4.37 There was no reading material available at either custody suite. There was no visits area, and even individuals held for some days could not have visits. The stations did not have any spare clothing, except that available to prisoners whose clothing was taken for forensic examination. No underwear was provided, and there was nowhere for detainees to wash clothing.
- 4.38 Clothing could be brought to the station by friends or relatives and handed in at the front desk. Although there was a sign about this at the front desk, some detainees were unaware of the facility.

Expectation

- 4.39 Custody suite staff have received fire safety training and evacuation procedures are practised frequently.

Findings

- 4.40 There had been a tabletop exercise on evacuation procedures in October 2007. A fire officer undertook regular visits, and staff were aware of evacuation procedures in the event of a need.

Other findings

- 4.41 On the day before our inspection, a new system had been introduced at Tolpuddle Street for staff coming on duty to sign for keys and log the keys out at the end of their shift. Despite this, staff did not keep keys attached to them, but in loose pouches in pockets.

Recommendations

- 4.42 All staff working in custody suites should receive nationally approved training before taking up their duties.
- 4.43 Risk assessment procedures should take into account detainees' individual differences and needs.
- 4.44 Cell bells should be checked daily to ensure they work properly.
- 4.45 All detainees should be given verbal and written information, at the earliest opportunity, about the use of and access to all facilities in the custody suite.
- 4.46 Staff should actively check that detainees' basic physical needs for food, water, warmth and hygiene are met.
- 4.47 Detainees should be informed that the toilet is obscured on CCTV monitors.
- 4.48 Detainees who are smokers should be offered nicotine replacement if in custody for a substantial period.

- 4.49 Clothing offered to detainees when their own has been removed for forensic examination should be less conspicuous.
- 4.50 Religious dietary needs should be met.
- 4.51 Subject to reasonable assessment of risks, reading material and a radio should be available to detainees held for more than 24 hours.

5. Individual rights

5.1 Detainees' rights and entitlements were explained to them on their admission to the custody suites. They were given the opportunity to inform someone of their whereabouts and had access to a doctor and a solicitor if requested. It was not easy for immigration detainees to find a solicitor. There were lengthy waits of over three hours to see the doctor. Good use was made of the telephone translation service and interpreters. Detainees had no privacy when they used the telephone in reception. Similarly, and significantly, there was no confidentiality at the custody desk. There were no separate polices for dealing with young people or female detainees, although we saw a custody sergeant respond sensitively to a juvenile detainee. Detainees were not told how to complain and custody staff did not support them in doing so. There was no standard operating procedure for custody staff to carry out a pre-discharge risk assessment, but vulnerable detainees were directed to appropriate community agencies on their release.

Expectation

5.2 Detention is appropriate, authorised and lasts no longer than is necessary. In the case of immigration detainees alternative disposals are expedited.

Findings

5.3 Custody staff used National Strategy for Police Information Systems (NSPIS) electronic custody records, which detailed the authorisation and reasons for initial detention. Subsequent reviews at the six- and nine-hour points were carried out by inspectors. Reviews focused on meeting legal obligations under the Police and Criminal Evidence Act (PACE), and detainees were reminded of their rights, but there was less emphasis on identifying and recording any welfare concerns. Of the custody records we examined, three reviews carried out during the night by one inspector were not accurately recorded on NSPIS. Detainees were noted as being 'asleep and breathing', yet the record also stated their rights had been explained to them. There were delays when a detainee needed to see the doctor before interview and a wait of over three hours to see the doctor was not uncommon.

5.4 If DNA samples were taken this was entered on the custody record. Although we were told that DNA samples could be taken from juveniles without an appropriate adult present, the practice at both Tolpuddle Street and Hornsey Road stations was to wait until such an appropriate adult was available, even though this sometimes delayed the process. We did not see any young people detained in custody overnight.

5.5 The custody suite at Hornsey Road was used largely as a short-term holding centre for those who had broken curfew or immigration detainees, rather than PACE prisoners. Reviews were not, therefore, always required.

5.6 There was only one immigration detainee held at Tolpuddle Street at the time of the inspection, and he had been detained for only a short time. We were told it was common for immigration detainees to be held in custody for long periods and to have little or no contact with the UKBA during that time. When staff informed the UK Border Agency (UKBA) that they had an immigration detainee in custody, they were often asked to hold them overnight for interview by

UKBA the following day. However, UKBA did not attend the suite to conduct an interview, but instead faxed papers authorising conditional release for the police to issue on its behalf.

Expectation

- 5.7 Detainees, including immigration detainees, are told that they are entitled to have someone concerned for their welfare informed of their whereabouts. Any delay in being able to exercise this entitlement, such as phoning a person concerned for their welfare, is authorised at the level of inspector or above. They are asked if they wish to see a doctor.

Findings

- 5.8 All detainees were given a Law Society booklet informing them of their rights, including the right to contact a solicitor and someone interested in their welfare. Custody sergeants also told detainees of their rights during the booking-in process, and detainees were further reminded of their rights at reviews. Our survey confirmed that detainees were informed of these rights. Most detainees we spoke to said that someone had been informed of their arrest.
- 5.9 Custody staff facilitated access to the telephone on request and logged any telephone calls made in the custody record. The telephone was directly opposite the booking desk in a noisy area, and detainees had no privacy when they made telephone calls.
- 5.10 All detainees were asked if they wished to see a doctor and their response was recorded in the custody record.
- 5.11 No information was displayed in the custody suite at Hornsey Road, apart from the duty solicitor number. Two illegal immigrants were admitted during our inspection, one Eritrean and one Pashtun. They were taken through the PACE procedures via the telephone interpreting service and offered a telephone call. They were also told they could get free immigration advice. However, when we rang the number given, we were redirected to another organisation who provided the number of the Detention Advice Service (DAS). When we called this number, there was no answer.

Expectation

- 5.12 Detainees who have difficulty communicating are adequately provided for with staff who can communicate with them or interpreters.

Findings

- 5.13 Custody staff had access to a telephone interpreting service and approved interpreters who attended the custody suite to assist with interviews. Invoices for January and February 2008 demonstrated considerable use of both services at Tolpuddle Street.
- 5.14 The Law Society booklet outlining basic rights (see 5.8) was available in other languages. However, at Hornsey Road this was not available in the languages of the two illegal immigrants we observed (Eritrean and Pashtun).

Expectation

- 5.15 There are special arrangements for young people that cover:
- the limited use of restraints
 - the conduct of any strip search
 - location in unlocked detention rooms close to the custody desk where possible for observation purposes
 - separation from adults at all times including in showers and exercise yard
 - specially trained officers allocated until the appropriate adult arrives
 - whether appropriate adults are indeed appropriate for the task
 - the capacity for the relative, guardian or appropriate adult to remain with the young detained person during waiting periods, in the detention room if necessary.

Findings

- 5.16 There was no specific policy for juveniles. Special arrangements for young people in the suite were made only at the discretion of the custody sergeant. Generally, juveniles were treated in much the same way as adults. Juvenile detainees were rare at the Hornsey Road suite, with only two logged in the preceding six months.
- 5.17 We observed a young detainee managed in a sensitive and appropriate manner by a custody sergeant at Tolpuddle Street. Restraints had not been applied and he was allowed to sit in an unlocked room while waiting to be interviewed. He was accompanied throughout by his father, as the appropriate adult. The interview was conducted in a timely manner and he was subsequently released on bail. However, we were concerned that personal and sensitive information, including the young person's date of birth, home address and telephone numbers, were recorded at the custody desk in full hearing of an adult detainee being booked in at the same time. The lack of confidentiality at the custody desk needed to be addressed.
- 5.18 Custody staff spoke positively about the arrangements for accessing an appropriate adult, but told us there could be delays in their arrival, which lengthened the young person's time in custody.

Expectation

- 5.19 Female detainees are able to be dealt with by female staff, or where this is not possible, hygiene packs for women are routinely provided. Staff are aware that the impact of detention on women is different to the impact on men, and adopt their level of observation and support appropriately.

Findings

- 5.20 We observed custody staff dealing sensitively with female detainees, but there was no specific policy or protocols that acknowledged the difference in the impact of detention on women or covered provision of appropriate support to meet their needs.
- 5.21 Female detainees were located in designated female cells and had access to separate showers. Hygiene packs were available, and one had been provided to one of the female detainees we interviewed.

- 5.22 During our inspection there was always a female PC gaoler or dedicated detention officer (DDO) on duty, but the shift attendance system did not guarantee that a female member of custody staff would be available. When a female detainee arrived and only male custody staff were on duty, a female officer was called from within the station to conduct the search. However, the female detainee was then dealt with by male staff for the remainder of the shift.

Expectation

- 5.23 Persons detained who have dependency obligations are catered for.

Findings

- 5.24 Detainees were not asked any questions about dependants during their risk assessment. Custody staff were clear that the detainee was responsible for drawing their attention to any dependency needs. Once custody staff were aware of any dependency obligations, they allowed the detainee to use the telephone to make alternative care arrangements.
- 5.25 Custody staff could not recall an occasion where they had been required to seek the assistance of agencies such as social services or Age Concern to provide care for dependants.

Expectation

- 5.26 Detainees are able to have a solicitor present when interviewed by police officers. Those under the age of 17 or vulnerable adults or those with learning disabilities are not interviewed without a relative, guardian or appropriate adult present. Solicitors and advocates arrive promptly so as not to unnecessarily prolong the period in custody. Detainees are able to consult with legal representatives in privacy.

Findings

- 5.27 Most of the detainees we interviewed had not requested a solicitor to be present at interview, but the two who had said there was a wait of over two hours before the solicitor arrived. Interviews were not conducted without a solicitor or appropriate adult present if one had been requested. In one case, the doctor had deemed that the presence of an appropriate adult was necessary for the interview of an adult detainee with mental health concerns, although this caused a considerable delay. Detainees could speak with their solicitor and appropriate adult in a private interview room.
- 5.28 Some custody staff were unclear about the operation of the duty solicitor scheme and the Criminal Defence Service Direct telephone service.
- 5.29 We spoke to some solicitors who regularly attended the Tolpuddle Street and Hornsey Road stations and they indicated that police usually managed cases and detainees well. However, they said that, following recent changes in access to legal advice for detainees, the police often told detainees, wrongly, that they would have to pay to see a named solicitor, and this had reduced the number of detainees requesting legal advice and support. Although we did not observe this during our inspection, only two of the eight detainees we interviewed had requested a solicitor. Some custody staff we spoke to were unclear about what access to legal advice detainees were entitled to.

- 5.30 Custody staff told us that a duty solicitor would often arrive at the suite intending to act for a number of detainees in custody. They said that this practice led to delays in conducting interviews and releasing detainees from custody in a timely manner.

Expectation

- 5.31 Detainees are not interviewed by police officers while under the influence of alcohol or drugs, or if medically unfit unless in circumstances provided for under PACE.

Findings

- 5.32 The custody records we examined showed that detainees were not interviewed if they were under the influence of alcohol or drugs. Detainees were allowed to sleep in the cell and see the drug referral worker and the doctor, if appropriate, prior to interview.

Expectation

- 5.33 Suitable legal advice is available for both police detainees and immigration detainees.

Findings

- 5.34 When it was required, advice relating to criminal charges was available through the duty solicitor scheme. However, we were told that finding solicitors able to advise on immigration matters was more problematic. Staff tended to go through the Legal Services Commission, and no specialist support had been identified.

Expectation

- 5.35 Detainees are not subject to inhuman or degrading treatment in the context of being interviewed, or in the denial of any services they need. They are allowed a period of eight hours continuous break from interviewing in a 24-hour period.

Findings

- 5.36 Most detainees we interviewed had been held in custody for between one and six hours. Custody records showed that detainees were given the eight-hour rest period, as required under PACE.

Expectation

- 5.37 Detainees are not handcuffed in secure areas unless there is a risk of violence to other detainees or staff.

Findings

- 5.38 Detainees were generally brought into the custody suite in handcuffs, which remained in place while they were waiting to be booked in. During busier periods we observed detainees in handcuffs waiting for up to an hour before they were booked in and a custody record opened.

The arresting officer then sought permission from the custody sergeant to remove the handcuffs. The application of handcuffs was recorded in the custody record.

Expectation

- 5.39 Those charged are produced at court promptly either in person or via video link.

Findings

- 5.40 There were no video link facilities in the custody suites. Detainees were transported to court by the escort provider Serco in a timely manner. On the first day of the inspection, Serco staff arrived at the custody suite at 7.40am and reached the court with five detainees at 8.20am. Custody staff kept in regular contact with Serco throughout the day and, when appropriate, detainees were transported to court to enable outstanding matters to be dealt with promptly.

Expectation

- 5.41 Detainees know how to complain about their care and treatment. They are not discouraged from doing so but are supported in doing so where necessary.

Findings

- 5.42 Detainees were not routinely told how to make formal complaints about their care and treatment. There was no information about a complaints system in the Law Society leaflet or displayed in the custody suite. Custody staff said detainees were told to refer any complaints to the station reception desk when they were discharged. In our interviews, only one of the eight detainees said that they had been told about the complaints procedure.
- 5.43 The custody manager told us that any complaints against staff were taken up by the station duty inspector who logged the complaint and decided upon appropriate action.
- 5.44 In the independent custody visitor (ICV) log we saw three examples of complaints from detainees, but in each case there had been no subsequent feedback on the outcome. It was not possible to establish how many complaints had been made in the previous six or 12 months. It was therefore not possible to discern any pattern of complaints or whether there were any underlying key issues that needed addressing.

Expectation

- 5.45 There is an effective system in place for reporting and dealing with racist incidents.

Findings

- 5.46 Custody staff were not aware of a separate system for reporting or dealing with racist incidents, and there was no log in the custody suite for such complaints. In practice, detainees who displayed any racist behaviour while in the custody suite would face further criminal charges.

Expectation

- 5.47 All custody suites hold a copy of the PACE Code of Practice C, and detainees, including immigration detainees, know they are able to consult it. Detainees or their legal representatives are able to obtain a copy of their custody record on release, or at any time within 12 months following their detention.

Findings

- 5.48 Copies of PACE Code of Practice C were available in the custody suite at Tolpuddle Street and detainees were informed of their right to see a copy of this. The code was also referred to in the Law Society leaflet given to all detainees during their booking in. Solicitors and detainees could obtain a copy of the custody record on request.
- 5.49 At Hornsey Road the PACE code of practice was available, but only the 2004 edition.

Expectation

- 5.50 Pre-release risk management is conducted and vulnerable detainees are released safely.

Findings

- 5.51 NSPIS did not require custody sergeants to carry out specific pre-release risk assessments. However, we saw evidence that vulnerable detainees, who had sought support and advice in the custody suite from the mental health team and drug referral workers, were directed appropriately to other agencies on their release. We also saw custody staff make arrangements for a vulnerable female detainee who said she had no money or means of getting home safely.

Recommendations

- 5.52 There should be specific policies on dealing with juvenile and female detainees.
- 5.53 The lack of confidentiality at the custody desk should be addressed to ensure that detainees can provide sensitive, personal information to custody staff in confidence.
- 5.54 Detainees should be able to make telephone calls in private, with due regard to any security issues.
- 5.55 Detainees should only remain in handcuffs until they are booked into custody following risk assessment.
- 5.56 The complaints procedure should be explained to all detainees.
- 5.57 A log of complaints and their outcomes should be maintained to provide necessary management information on the running of the two custody suites.
- 5.58 A pre-discharge risk assessment should be carried out for all detainees prior to release.

- 5.59 There should be clear guidance for custody staff on how detainees can access legal advice through Criminal Defence Service Direct and the duty solicitor scheme.
- 5.60 Foreign national detainees should be given information about how to get independent, specialist immigration legal advice. This information should be available in languages commonly spoken by detainees.

6. Healthcare

6.1 Detainees appeared to receive a reasonable service from the forensic medical examiners (FMEs) who provided health services to the custody suites at Tolpuddle Street and Hornsey Road. The methods used for record keeping meant that detainees might not have continuity of care. There were no clinical governance arrangements evident. Mental health services appeared to be appropriate and responsive to the immediate needs of detainees. Drug services appeared supported, and staff were able to continue working with the detainees in the community; however, there was no clear link to the clinical service provided by the FMEs in the custody sites, and the symptomatic relief available was only appropriate for those spending short periods in custody.

Expectation

6.2 The decency, privacy and dignity of detainees are respected.

Findings

6.3 Access to the FME was by detainee request. When detainees were booked in they were asked specific questions about their physical and mental health, although the reception desk did not provide any confidentiality (see 5.17). However, most staff we saw booking in detainees appeared sensitive to their needs and suggested they saw the FME if there was any indication of a health need. (See also 6.25.)

Expectation

6.4 Detainees are treated by healthcare professionals and drug treatment workers in a professional and caring manner that is sensitive to their situation and their diverse needs, including language needs.

Findings

- 6.5 There were no specific arrangements for female detainees to be treated by a female FME. Although we were told that they could theoretically see a FME of the same gender or pay to see their own GP, it was not clear how a detainee would know about these options.
- 6.6 The FMEs also covered another borough and were, therefore, responsible for four custody suites in all. We were concerned that on some occasions while we were inspecting, the FME took over three hours to arrive. This was especially problematic when custody staff needed to know if someone was fit to interview, as this delay led to individuals spending longer in custody.
- 6.7 We were told that telephone interpreting services were used when necessary for FME consultations, and we saw records to confirm this. The drug referral workers were very clear that they would not test or work with a detainee unless appropriate interpretation services were available.

Expectation

- 6.8 Clinical governance arrangements include the management, training and supervision and accountability of staff.

Findings

- 6.9 There were no clinical governance arrangements in place.

Expectation

- 6.10 Patients are treated by healthcare staff who receive ongoing training, supervision and support to maintain their professional registration and development. Staff have the appropriate knowledge and skills to meet the particular healthcare needs of detainees in police custody.

Findings

- 6.11 The FMEs were from diverse medical backgrounds, and not all those we met were GP-trained. Details of the medical qualifications of the FMEs attending the custody suites were not held on site nor did the coordinating doctor hold this information. Not all the FMEs were section 12 (Mental Health Act)-approved.

Expectation

- 6.12 All equipment (including resuscitation kit) is regularly checked and maintained and all staff (healthcare and custody staff) understand how to access and use it effectively.

Findings

- 6.13 Each custody suite had a defibrillator and two emergency bags, which included basic bandages and plasters, hand-held suction apparatus and resuscitation face masks. The emergency bags and defibrillators were checked and restocked by the custody support staff. Records were kept of these checks, but we were told that this system had only been in place for a few weeks. If the seal was broken on an emergency bag, custody support staff were informed and the bag checked and restocked; all staff we spoke to were aware of this process. We were told that some staff had been trained in the use of the defibrillator. However, there was no list of trained staff in the custody suite, and those staff we asked were not able to tell us who had received this training.
- 6.14 The custody support staff also provided basic first aid bags containing medicated wipes and plasters for regular non-emergency use.

Expectation

- 6.15 Detainees are able to request the services of a healthcare professional in and out of hours, and to continue to receive any prescribed medication for current health conditions or for drug maintenance.

- 6.16 Detainees were not able to continue to receive prescribed clinical management for drug dependency. Only symptomatic relief was offered – this approach was only acceptable for detainees in custody for a relatively short period. The FMEs did not appear to liaise with the drug referral workers.
- 6.17 We observed that FMEs returned to the custody suite on a regular basis to review detainees who were substance users and prescribe symptomatic relief.

Expectation

- 6.18 A liaison and/or diversion scheme enables mentally disordered detainees to be identified and diverted into appropriate mental health services, or referred on to prison health services.

Findings

- 6.19 Mental health services were provided by staff from the in-reach team at HMP Pentonville. Five staff, including community psychiatric nurses and social workers, worked on a rota in which each was assigned for a week at a time to visit the custody suite. They visited the custody suite at least twice a day during the week, and were also available by telephone or pager. There was also an out of hours service.
- 6.20 The mental health staff accepted referrals from anyone who expressed concern about a detainee, but typically referrals came from the custody sergeants or FMEs.
- 6.21 Following assessment, the mental health team gave custody staff a verbal feedback with information that was not confidential.
- 6.22 Requests for assessment appeared to be responded to in a timely manner, and we saw one case where a detainee was transferred to a mental health bed less than 12 hours after his arrest. Custody staff were complimentary about the support received from the mental health staff.
- 6.23 If a detainee was transferred to prison, the mental health worker did not routinely contact or send information to the prison, unless the detainee was going to Pentonville.

Expectation

- 6.24 Clinical examinations are conducted out of the sight and preferably out of the hearing of police officers. Treatment rooms provide conditions that maintain decency, privacy and dignity. Infection control facilities are implemented. There is at least one room that is forensically clean.

Findings

- 6.25 There was one FME room at each of the two custody suites. Both rooms were clean (although not forensically) and relatively tidy. There was paper roll available for the examination couch and handwashing facilities. The FME room at Hornsey Road was small and poorly laid out. There were daily checklists of cleanliness and supplies in the FME room, which appeared to have been initiated in the previous month.

Expectation

- 6.26 Detainees are offered the services of a drugs or alcohol arrest referral worker where appropriate and referred on to community drugs/alcohol teams or prisons' drugs workers as appropriate.

Findings

- 6.27 The drug referral workers were employed through the crime reduction initiative (CRI) and worked in the custody suites and the local community, as well as Highbury Corner Magistrates' Court on a rota basis. Referrals to them were triggered by some offences, and detainees could self-refer.
- 6.28 There was a drug referral worker on site at the Tolpuddle Street suite 14 hours a day, Monday to Saturday, and eight hours on Sunday. The worker visited the Hornsey Road custody suite on request.
- 6.29 Positive test results led to an assessment interview and a follow-up appointment. The implications of not attending the follow-up appointment were explained to detainees.
- 6.30 The team who worked in the custody suite continued to work with detainees in the community if they were resident in Islington. Those from a different area were referred to a local team. The drug referral workers worked with former detainees for up to six months, although we were told that most clients were referred on to other community services well before this. If a detainee was remanded to prison, the counselling, assessment, referral, advice and throughcare (CARAT) team there was contacted and assessment forms forwarded. This system appeared effective.
- 6.31 At the time of the inspection, the referral team had only a limited role with juvenile drug misusers. Where issues were identified, the workers offered information and advice about specialist young people's services in the area, but no specific referral. There were plans to introduce a formal process of screening and assessment, in the presence of an appropriate adult, but this had yet to be formally agreed.
- 6.32 The team was not funded to provide support to detainees who misused alcohol, but had plans for a pilot project working with people who misused alcohol who came through the custody suite.
- 6.33 There did not appear to be any clear links between the drug referral workers and the FME.

Expectation

- 6.34 Police custody is not used as a place of safety for section 136 assessments except where the detainee needs to be controlled for his or her own safety or the safety of others.

Findings

- 6.35 We were told that there were arrangements with a local accident and emergency (A&E) department to use the A&E as a place of safety for section 136¹ assessments. Police staff would stay with the detainee for up to two hours if required. We also spoke to a member of staff in A&E admissions, who confirmed this process.
- 6.36 There was no log of section 136 assessments, and so it was not possible to be sure that custody suites had not been used for this purpose. However, the one case we found in which the custody suite had been purposely used had been based on risk, and the situation appeared to have been handled appropriately.

Expectation

- 6.37 Each detainee seen by healthcare staff has a clinical record containing an up-to-date assessment and any care plan conforms to professional guidance from the regulatory bodies. Ethnicity of the detainee is also recorded.

Findings

- 6.38 The FMEs recorded information in several places – on the National Strategy for Police Information Systems (NSPIS), where information was not medical in confidence and was mainly a record of medication given and instructions on care required (instructions rather than care plans); in the FME's own consultation book, which was kept by the FME and not available in the custody suite unless the FME was there; and in the 'book 83' to ensure payment for the FME's services.
- 6.39 This method of record keeping meant that there was no single contemporaneous clinical record for any detainee in the custody suite. Therefore, if a detainee was seen by different FMEs, there was no guarantee that the care received would be consistent. It also appeared that each FME carried out a full assessment of each patient, although one of the other FMEs could have already done this.
- 6.40 Although the FMEs we spoke to were adamant that they held their records securely, we could not be confident that their individual records were held in accordance with Caldicott principles (the process overseeing use and confidentiality of personal health information).²

Expectation

- 6.41 Any contact with a doctor or other healthcare professional is also recorded in the custody record, and a record made of any medication provided. The results of any clinical examination are made available to the detainee and, with detainee consent, his/her lawyer.

¹ Section 136 of the Mental Health Act 1983 enables a police officer to remove someone from a public place to a place of safety, for example to a police station, for the purpose of arranging examination by a doctor and interview by an approved social worker, to arrange necessary treatment and care.

² Only individuals who need access to patient identifiable information should have access to it. Action should be taken to ensure that those handling patient identifiable information – clinical and non-clinical staff – are aware of their responsibilities and obligations to respect confidentiality.

Findings

- 6.42 When we checked the detention log, NSPIS and its medical section and the completed forms in book 83, we found that the FMEs consistently recorded information on each occasion they saw a detainee. FMEs told us that it was rare for a detainee to ask for a copy of their handwritten notes.

Expectation

- 6.43 Information-sharing protocols exist with all appropriate agencies to ensure efficient sharing of relevant health and social care information.

Findings

- 6.44 There were no formal information-sharing protocols between the various health and social care agencies.

Expectation

- 6.45 All medications on site are stored safely and securely, and disposed of safely if not consumed. There is safe pharmaceutical stock management and use.

Findings

- 6.46 The cupboards where medicines were stored in the custody suite were kept locked. However, in practice anyone who worked in the custody suite could have access to their contents, as they all knew the security number for the FMEs' room and held the keys to the cupboards. Stock levels were not excessive and the cupboards were tidy and well ordered. There were, however, no agreed stock levels and ordering appeared ad hoc – the coordinating FME made an order when he considered stock was getting low. Medication stock was in date, although it was unclear who was responsible for date checking this routinely.
- 6.47 Visiting FMEs carried some medication in their medical bags, which they had with them while they saw detainees. Medical bags were not routinely kept locked, and we saw one instance where an FME had left the room and returned to discover the next patient waiting there next to the unlocked medical bag with no staff in sight.
- 6.48 There was some confusion about whether the refrigerator in the FMEs' room was for FME use or not. When we opened it, we found it was full to capacity with forensic samples, many of which dated back a number of years.

Recommendations

- 6.49 Clinical governance arrangements should be put in place, which include the management, training, supervision and accountability of healthcare staff.
- 6.50 There should be evidence that healthcare staff receive ongoing training, supervision and support to maintain their professional registration and development.

- 6.51 All healthcare and custody staff should understand how to access and use resuscitation equipment effectively. There should be documented records of those trained to use the equipment.
- 6.52 All clinical records should be held confidentially in accordance with Caldicott guidelines.
- 6.53 All clinical records should be contemporaneous and conform to professional guidance from the relevant regulatory body, such as the General Medical Council.
- 6.54 The forensic medical examiners should communicate and work with other healthcare professionals, such as drug referral workers and the mental health team, to ensure comprehensive care is provided to individual detainees.
- 6.55 There should be information-sharing protocols with all appropriate agencies to ensure efficient sharing of relevant health and social care information.
- 6.56 Detainees should be able to continue to receive any prescribed clinical management for drug dependency while in custody.
- 6.57 The mental health team should refer detainees to the mental health in-reach teams in the prisons to which detainees are sent.
- 6.58 All medications on site should be stored safely and securely.
- 6.59 There should be safe pharmaceutical stock management and use.
- 6.60 The refrigerators in forensic medical examiners' rooms should not be used to store forensic samples.

7. Summary of recommendations

Strategy

To the Metropolitan Police Service

- 7.1 There should be a clear procedure for following up and monitoring progress following internal inspections. (3.22)
- 7.2 The Metropolitan Police Service (MPS) should establish the extent to which identified weaknesses in custody practices and procedures have been exacerbated by the lack of a permanent custody team and take action accordingly. (3.23)
- 7.3 All custody staff should undergo nationally approved custody officer training. (3.24)
- 7.4 The MPS should consult with the Crown Prosecution Service with the aim of developing an effective bail management system that minimises use of custody. (3.25)
- 7.5 A protocol should be developed governing the access of independent custody visitors (ICVs) to information on the National Strategy for Police Information Systems (NSPIS). (3.26)
- 7.6 There should be effective liaison between forensic medical examiners and drugs referral workers in respect of detainees who are identified by the forensic medical examiners as substance dependent. (3.27)
- 7.7 All concerns raised in ICV reports, including those on supplementary pages, should be captured, acknowledged and responded to. (3.28)
- 7.8 Detainees who wish to make a formal complaint about their arrest or treatment during custody should be able to do so while in custody. (3.29)
- 7.9 The number and nature of complaints should be analysed centrally and this information fed back to boroughs and custody managers to enable them to identify and solve the underlying cause of complaints. (3.30)
- 7.10 Custody reviews on custody records should accurately reflect the interaction between the reviewing officer and the detainee. (3.31)
- 7.11 Custody officers need to be aware of the impact of custody on juveniles, and should be given additional training on how to respond appropriately to their needs. (3.32)

To the UK Border Agency and Metropolitan Police Service

- 7.12 The UK Border Agency (UKBA) should regularly monitor the physical conditions in which detainees are held on its behalf by the MPS. (3.33)
- 7.13 There should be clear operating instructions and standards to regulate the use of police cells for immigration detainees and a protocol between the MPS and UKBA that incorporates the following:

- the UKBA should ensure that immigration detainees are held for the shortest possible time in police cells
- the UKBA should review detention expeditiously and keep detainees informed of case progress in a language they can understand
- immigration officials should serve and fully explain to detainees any documents that have important consequences or engage appeal rights
- police custody officers should communicate daily with the UKBA to ensure speedy case progression. (3.34)

Treatment and conditions

- 7.14 All staff working in custody suites should receive nationally approved training before taking up their duties. (4.42)
- 7.15 Risk assessment procedures should take into account detainees' individual differences and needs. (4.43)
- 7.16 Cell bells should be checked daily to ensure they work properly. (4.44)
- 7.17 All detainees should be given verbal and written information, at the earliest opportunity, about the use of and access to all facilities in the custody suite. (4.45)
- 7.18 Staff should actively check that detainees' basic physical needs for food, water, warmth and hygiene are met. (4.46)
- 7.19 Detainees should be informed that the toilet is obscured on CCTV monitors. (4.47)
- 7.20 Detainees who are smokers should be offered nicotine replacement if in custody for a substantial period. (4.48)
- 7.21 Clothing offered to detainees when their own has been removed for forensic examination should be less conspicuous. (4.49)
- 7.22 Religious dietary needs should be met. (4.50)
- 7.23 Subject to reasonable assessment of risks, reading material and a radio should be available to detainees held for more than 24 hours. (4.51)

Individual rights

- 7.24 There should be specific policies on dealing with juvenile and female detainees. (5.52)
- 7.25 The lack of confidentiality at the custody desk should be addressed to ensure that detainees can provide sensitive, personal information to custody staff in confidence. (5.53)
- 7.26 Detainees should be able to make telephone calls in private, with due regard to any security issues. (5.54)

- 7.27 Detainees should only remain in handcuffs until they are booked into custody following risk assessment. (5.55)
- 7.28 The complaints procedure should be explained to all detainees. (5.56)
- 7.29 A log of complaints and their outcomes should be maintained to provide necessary management information on the running of the two custody suites. (5.57)
- 7.30 A pre-discharge risk assessment should be carried out for all detainees prior to release. (5.58)
- 7.31 There should be clear guidance for custody staff on how detainees can access legal advice through Criminal Defence Service Direct and the duty solicitor scheme. (5.59)
- 7.32 Foreign national detainees should be given information about how to get independent, specialist immigration legal advice. This information should be available in languages commonly spoken by detainees. (5.60)

Healthcare

- 7.33 Clinical governance arrangements should be put in place, which include the management, training, supervision and accountability of healthcare staff. (6.50)
- 7.34 There should be evidence that healthcare staff receive ongoing training, supervision and support to maintain their professional registration and development. (6.51)
- 7.35 All healthcare and custody staff should understand how to access and use resuscitation equipment effectively. There should be documented records of those trained to use the equipment. (6.52)
- 7.36 All clinical records should be held confidentially in accordance with Caldicott guidelines. (6.53)
- 7.37 All clinical records should be contemporaneous and conform to professional guidance from the relevant regulatory body, such as the General Medical Council. (6.54)
- 7.38 The forensic medical examiners should communicate and work with other healthcare professionals, such as drug referral workers and the mental health team, to ensure comprehensive care is provided to individual detainees. (6.55)
- 7.39 There should be information-sharing protocols with all appropriate agencies to ensure efficient sharing of relevant health and social care information. (6.56)
- 7.40 Detainees should be able to continue to receive any prescribed clinical management for drug dependency while in custody. (6.57)
- 7.41 The mental health team should refer detainees to the mental health in-reach teams in the prisons to which detainees are sent. (6.58)
- 7.42 All medications on site should be stored safely and securely. (6.59)
- 7.43 There should be safe pharmaceutical stock management and use. (6.60)

7.44 The refrigerators in forensic medical examiners' rooms should not be used to store forensic samples. (6.61)

Appendix I: Inspection team

Nigel Newcomen	-	HM Deputy Chief Inspector of Prisons
Martin Lomas	-	HMIP team leader
Paddy Craig	-	HMIC inspector
Ian Macfadyen	-	HMIP inspector
Keith McInnis	-	HMIP inspector
Andrea Walker	-	HMIP inspector
Elizabeth Tysoe	-	HMIP healthcare inspector
Mandy Whittingham	-	HMIP healthcare inspector
Olivia Adams	-	HMIP researcher
Catherine Nichols	-	HMIP researcher

With assistance from:

Monica Lloyd	-	HMIP head of thematics
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Appendix II: Detainee survey

Detainee survey methodology

A voluntary, confidential and anonymous survey of the detainee population was carried out for this inspection. The results of this survey formed part of the evidence base for the inspection.

Methodology

Interviews were offered to 13 detainees held in police custody. Researchers explained the independence of the Inspectorate and the purpose of the questionnaire, and answered questions.

All interviews were confidential in that only members of the Inspectorate recorded them. However, to ensure our safety an officer was nearby at all times. Respondents were not asked their name or reasons for being in police custody.

Response rates

In total, eight respondents were interviewed; all from Tolpuddle Street police station. Three detainees refused to take part in an interview.

Summary

Accompanying this document is a summary of the interviews conducted.

Police custody survey

Section 1: about you

Q1	What police station are you currently being held at? All eight surveys were completed at Tolpuddle Police Station.	
Q2	What type of detainee are you?	
	Police detainee	7
	Prison lock-out (i.e. you were in custody in a prison before coming here)	0
	Immigration detainee	0
	I don't know	1
Q3	How old are you?	
	16 years or younger.....	1
	17–21 years	3
	22–29 years	2
	30–39 years	1
	40–49 years	0
	50–59 years	1
	60 years or older.....	0
Q4	Are you:	
	Male	6
	Female	2
	Transgender/transsexual	0
Q5	What is your ethnic origin?	
	White – British.....	2
	White – Irish	1
	White – Other.....	1
	Black or Black British – Caribbean.....	3
	Black or Black British – African	0
	Black or Black British – Other.....	0
	Asian or Asian British – Indian	0
	Asian or Asian British – Pakistani	0
	Asian or Asian British – Bangladeshi	1
	Asian or Asian British – Other	0
	Mixed Race – White and Black Caribbean	0
	Mixed Race – White and Black African.....	0
	Mixed Race – White and Asian	0
	Mixed Race – Other.....	0
	Chinese.....	0
	Other ethnic group.....	0
Q6	Are you a foreign national (i.e. you do not hold a British passport, or you are not eligible for one)?	
	Yes.....	5
	No	3
Q7	What, if any, would you classify as your religious group?	
	None	4
	Church of England.....	2
	Catholic.....	0
	Protestant	0
	Other Christian denomination.....	0
	Buddhist.....	0
	Hindu.....	0
	Jewish.....	0
	Muslim.....	1

	Sikh	1
Q8	How would you describe your sexual orientation?	
	<i>Straight /heterosexual</i>	6
	<i>Gay/lesbian/homosexual</i>	1
	<i>Bisexual</i>	0
Q9	Do you consider yourself to have a disability?	
	<i>Yes</i>	3
	<i>No</i>	5
	<i>Don't know</i>	0
Q10	Have you ever been held in police custody before?	
	<i>Yes</i>	7
	<i>No</i>	1

Section 2: your experience of this custody suite

If you are a 'prison lock-out' **some** of the following questions may not apply to you. If a question does not apply to you, please leave it blank.

Q11	How long have you been held at this police station?		
	<i>One hour or less</i>	1	
	<i>More than one hour, but less than six hours</i>	5	
	<i>More than six hours, but less than 12 hours</i>	1	
	<i>More than 12 hours, but less than 24 hours</i>	1	
	<i>More than 24 hours, but less than 48 hours (two days)</i>	0	
	<i>More than 48 hours (two days), but less than 72 hours (three days)</i>	0	
	<i>72 hours (three days) or more</i>	0	
Q12	Were you given information about your arrest and your entitlements when you arrived here?		
	<i>Yes</i>	7	
	<i>No</i>	1	
	<i>Don't know/can't remember</i>	0	
Q13	Have you been told about the Police and Criminal Evidence (PACE) codes of practice (the 'rule book')?		
	<i>Yes</i>	5	
	<i>No</i>	3	
	<i>I don't know what this is/I don't remember</i>	0	
Q14	If your clothes have been taken away, have you been offered different clothing to wear?		
	<i>My clothes were not taken</i>	7	
	<i>I was offered a tracksuit to wear</i>	0	
	<i>I was offered an evidence suit to wear</i>	1	
	<i>I was offered a blanket</i>	0	
Q15	Can you use a toilet when you need to?		
	<i>Yes</i>	6	
	<i>No</i>	1	
	<i>Don't know</i>	0	
Q16	If you have used the toilet here, were these things provided?		
		Yes	No
	<i>Toilet paper</i>	4	4
	<i>Sanitary protection</i>	1	0

Q17	Have you shared a cell at this police station?			
	Yes.....			0
	No			8
Q18	How would you rate the condition of your cell?			
		<i>Good</i>	<i>Neither</i>	<i>Bad</i>
	Cleanliness	3	1	4
	Ventilation/air quality	4	2	2
	Temperature	2	2	4
	Lighting	6	2	0
Q19	Was there any graffiti in your cell when you arrived?			
	Yes.....			4
	No			4
Q20	Did staff explain to you the correct use of the cell bell?			
	Yes.....			0
	No			8
Q21	Have you been held overnight?			
	Yes.....			2
	No			6
Q22	If you have been held overnight, which items of clean bedding you were given?			
	<i>Not held overnight</i>			6
	<i>Pillow</i>			2
	<i>Blanket</i>			2
	<i>Nothing</i>			0
Q23	Have you been offered a shower at this police station since being here?			
	Yes.....			0
	No			8
Q24	Have you been offered any period of outside exercise while here?			
	Yes.....			0
	No			8
Q25	Have you been offered anything to:			
		<i>Yes</i>	<i>No</i>	
	Eat?	4	4	
	Drink?	6	2	
Q26	Was the food/drink you received suitable for your dietary requirements?			
	<i>I have not had any food or drink</i>			6
	Yes.....			2
	No			0
Q27	If you smoke, have you been offered anything to help you cope with the smoking ban here?			
	<i>I do not smoke</i>			3
	<i>I have been allowed to smoke</i>			0
	<i>I have not been offered anything to cope with not smoking</i>			5
	<i>I have been offered nicotine gum</i>			0
	<i>I have been offered nicotine patches</i>			0
	<i>I have been offered nicotine lozenges</i>			0
Q28	Have you been offered anything to read?			
	Yes.....			0
	No			8

Q29	Has someone been informed of your arrest?			
	Yes.....			5
	No			1
	<i>I don't know.....</i>			0
	<i>I didn't want to inform anyone</i>			2
Q30	Were you offered a free telephone call?			
	Yes.....			4
	No			4
Q31	If you were denied a free phone call, was a reason for this offered?			
	<i>My phone call was not denied.....</i>			5
	Yes.....			1
	No			1
Q32	Do you have any concerns about the following, while you are in police custody?			
		Yes	No	
	Who is taking care of your children	1	7	
	Contacting your partner, relative or friend	4	4	
	Contacting your employer	1	7	
	Where you are going once released	1	7	
Q33	Have you been interviewed by police officials about your case yet?			
	Yes.....			2
	No			6
Q34	Were any of the following people present when you were interviewed?			
		Yes	No	Not needed
	Solicitor	0	1	5
	Appropriate adult	0	0	7
	Interpreter	0	0	5
Q35	How long did you have to wait (or how long have you been waiting) for your solicitor?			
	<i>I have not requested a solicitor</i>			6
	<i>Two hours or less</i>			0
	<i>Over two hours but less than four hours</i>			1
	<i>Four hours or more.....</i>			1
Q36	Have you been officially charged?			
	Yes.....			0
	No			7
	<i>Don't know</i>			1
Q37	How long have you been in custody after being charged?			
	<i>I have not been charged yet.....</i>			8
	<i>One hour or less</i>			0
	<i>More than one hour, but less than six hours.....</i>			0
	<i>More than six hours, but less than 12 hours.....</i>			0
	<i>12 hours or more</i>			0
Q38	Do you have any other comments about your time in custody here?			
	Examples of comments include: <i>'Some staff have been OK but some have been hostile. Mainly I'm just bored and not sure what's going to happen to me.'</i>			

Section 3: safety

Q39	Do you feel safe here?		
	Yes.....	5	
	No	3	
Q40	Has another detainee or a member of staff victimised (insulted or assaulted) you here?		
	Yes.....	1	
	No	7	
Q41	If you have felt victimised, what did the incident involve? (Please tick all that apply.)		
	<i>I have not been victimised</i>	7	<i>Because of your crime</i>
	<i>Insulting remarks (about you, your family or friends)</i> ...	1	<i>Because of your sexuality</i>
	<i>Physical abuse (being hit, kicked or assaulted)</i>	0	<i>Because you have a disability</i>
	<i>Sexual abuse</i>	0	<i>Because of your religion/religious beliefs</i>
	<i>Your race or ethnic origin</i>	0	<i>Because you are from a different part of</i>
	<i>Drugs</i>	0	<i>the country than others</i>
Q42	Have you been handcuffed or restrained while in this police custody suite?		
	Yes.....	2	
	No	6	
Q43	Have you been injured while in police custody, in a way that you feel was not your fault?		
	Yes.....	1	
	No	6	
Q44	Have you been told how to make a complaint about your treatment here, if you need to?		
	Yes.....	1	
	No	7	
Q45	Do you have any other comments about safety in this police custody suite?		

Examples of comments include:

'When I was walking into my cell an officer trod on the back of my heel on purpose. They make remarks about my father being a criminal.'

Section 4: healthcare

Q46	Are you currently on any medication?		
	Yes.....	3	
	No	5	
Q47	Have you been able to continue taking your medication while here?		
	<i>Not currently taking medication</i>	5	
	Yes.....	1	
	No	2	
Q48	Did someone explain your entitlements to see a healthcare professional, if you need to?		
	Yes.....	4	
	No	3	
	<i>Don't know</i>	1	
Q49	Have you been seen by the following healthcare professionals during your time here?		
		Yes	No
	Doctor	4	4
	Nurse	1	7

Paramedic	0	7
Psychiatrist	0	7

- Q50 Are you able to see a healthcare professional of your own gender?**
 Yes..... 1
 No 1
 Don't know 6
- Q51 Do you have any drug or alcohol problems?**
 Yes..... 4
 No 4
- Q52 Have you seen, or been offered the chance to see a drug or alcohol support worker?**
I don't have any drug/alcohol problems 4
 Yes..... 3
 No 1
- Q53 Have you been offered relief or medication for your immediate symptoms?**
I don't have any drug/alcohol problems 4
 Yes..... 0
 No 3
- Q54 Please rate the quality of your healthcare while in police custody:**
- | | <i>I have not
been seen by
healthcare</i> | <i>Very good</i> | <i>Good</i> | <i>Neither</i> | <i>Bad</i> | <i>Very bad</i> |
|-----------------------|---|------------------|-------------|----------------|------------|-----------------|
| Quality of healthcare | 5 | 0 | 1 | 2 | 0 | 0 |
- Q55 Do you have any specific *physical* healthcare needs?**
 No 6
 Yes..... 2
- Q56 Do you have any specific *mental* healthcare needs?**
 No 6
 Yes..... 2
- Q57 Do you have any other comments about your time in this custody suite?**
 No comments made.

Thank you for your time

Appendix III: HMP Pentonville prisoner survey

Prisoner survey methodology

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

Choosing the sample size

The survey was conducted on 30 May 2008. Two lists of potential prisoners who had been through Islington police stations were created, one listing those from the borough of Islington, the second listing those who had appeared at Highbury magistrates' and Wood Green Crown courts, which received those charged at Islington stations.

Selecting the sample

Ninety-four prisoners were identified from the list, but only 66 were approached: 40 prisoners reported that they had been held in police stations outside Islington. On the day, the questionnaire was given to 24 detainees. Completion of the questionnaire was voluntary. If a prisoner could not speak or read English or had other problems they were excluded from the survey. One prisoner had language difficulties and another was detoxifying, so was not fit to complete the survey.

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.

Respondents were not asked to put their names on their questionnaire.

Response rates

In total, 24 (100%) of respondents completed and returned their questionnaires.

Police custody survey

Section 1: about you

Q1	What police station were you last held at?	
Q2	What type of detainee were you?	
	Police detainee	21
	Prison lock-out (i.e. you were in custody in a prison before coming here)	0
	Immigration detainee	0
	I don't know	3
Q3	How old are you?	
	16 years or younger.....	0
	17–21 years	0
	22–29 years	7
	30–39 years	12
	40–49 years	3
	50–59 years	2
	60 years or older.....	0
Q4	Are you:	
	Male	24
	Female	0
	Transgender/transsexual	0
Q5	What is your ethnic origin?	
	White – British.....	9
	White – Irish.....	2
	White – Other.....	1
	Black or Black British – Caribbean.....	5
	Black or Black British – African	2
	Black or Black British – Other.....	1
	Asian or Asian British – Indian	0
	Asian or Asian British – Pakistani	0
	Asian or Asian British – Bangladeshi	0
	Asian or Asian British – Other	0
	Mixed Race – White and Black Caribbean	2
	Mixed Race – White and Black African	0
	Mixed Race – White and Asian	0
	Mixed Race – Other.....	1
	Chinese.....	0
	Other ethnic group.....	1
	Please specify:	1
Q6	Are you a foreign national (i.e. you do not hold a British passport, or you are not eligible for one)?	
	Yes.....	4
	No	20
Q7	What, if any, would you classify as your religious group?	
	None	4
	Church of England.....	6
	Catholic.....	10
	Protestant	0
	Other Christian denomination.....	2
	Buddhist.....	0
	Hindu.....	0
	Jewish.....	0
	Muslim.....	1

	Sikh	0
	Any other religion, please specify	3
Q8	How would you describe your sexual orientation?	
	Straight /heterosexual	24
	Gay/lesbian/homosexual	0
	Bisexual	0
	Other (please specify):	1
Q9	Do you consider yourself to have a disability?	
	Yes	5
	No	19
	Don't know	0
Q10	Have you ever been held in police custody before?	
	Yes	23
	No	1

Section 2: your experience of this custody suite

If you were a 'prison lock- out' some of the following questions may not apply to you.
If a question does not apply to you, please leave it blank.

Q11	How long were you held at the police station?		
	One hour or less	0	
	More than one hour, but less than six hours	0	
	More than six hours, but less than 12 hours	0	
	More than 12 hours, but less than 24 hours	6	
	More than 24 hours, but less than 48 hours (two days)	10	
	More than 48 hours (two days), but less than 72 hours (three days)	6	
	72 hours (three days) or more	2	
Q12	Were you given information about your arrest and your entitlements when you arrived there?		
	Yes	14	
	No	7	
	Don't know/can't remember	3	
Q13	Were you told about the Police and Criminal Evidence (PACE) codes of practice (the 'rule book')?		
	Yes	14	
	No	8	
	I don't know what this is/ I don't remember	2	
Q14	If your clothes were taken away, were you offered different clothing to wear?		
	My clothes were not taken	13	
	I was offered a tracksuit to wear	2	
	I was offered an evidence suit to wear	2	
	I was offered a blanket	3	
Q15	Could you use a toilet when you needed to?		
	Yes	23	
	No	1	
	Don't Know	0	
Q16	If you used the toilet there, were these things provided?		
		Yes	No
	Toilet paper	9	13

	Sanitary protection	0	4
	Other (please specify):		0
Q17	Did you share a cell at the police station?		
	Yes.....		0
	No		24
Q18	How would you rate the condition of your cell?		
		<i>Good</i>	<i>Neither</i>
			<i>Bad</i>
	Cleanliness	1	9
	Ventilation/air quality	0	6
	Temperature	1	6
	Lighting	6	3
			13
Q19	Was there any graffiti in your cell when you arrived?		
	Yes.....		15
	No		9
Q20	Did staff explain to you the correct use of the cell bell?		
	Yes.....		4
	No		19
Q21	Were you held overnight?		
	Yes.....		23
	No		1
Q22	If you were held overnight, which items of clean bedding were you given?		
	<i>Not held overnight</i>		1
	<i>Pillow</i>		0
	<i>Blanket</i>		8
	<i>Nothing</i>		13
Q23	Were you offered a shower at the police station?		
	Yes.....		2
	No		21
Q24	Were you offered any period of outside exercise while there?		
	Yes.....		1
	No		23
Q25	Were you offered anything to:		
		<i>Yes</i>	<i>No</i>
	Eat?	18	6
	Drink?	15	4
Q26	Was the food/drink you received suitable for your dietary requirements?		
	<i>I did not have any food or drink</i>		3
	Yes.....		6
	No		15
Q27	If you smoke, were you offered anything to help you cope with the smoking ban there?		
	<i>I do not smoke</i>		2
	<i>I was allowed to smoke</i>		2
	<i>I was not offered anything to cope with not smoking</i>		20
	<i>I was offered nicotine gum</i>		0
	<i>I was offered nicotine patches</i>		0
	<i>I was offered nicotine lozenges</i>		0
Q28	Were you offered anything to read?		
	Yes.....		1

	No	23
Q29	Was someone informed of your arrest?	
	Yes.....	9
	No	10
	<i>I don't know</i>	2
	<i>I didn't want to inform anyone</i>	3
Q30	Were you offered a free telephone call?	
	Yes.....	10
	No	14
Q31	If you were denied a free phone call, was a reason for this offered?	
	<i>My phone call was not denied</i>	11
	Yes.....	2
	No	8
Q32	Did you have any concerns about the following, while you were in police custody:	
		Yes No
	Who was taking care of your children	3 10
	Contacting your partner, relative or friend	13 4
	Contacting your employer	3 9
	Where you were going once released	10 7
Q33	Were you interviewed by police officials about your case?	
	Yes.....	21
	No	3
Q34	Were any of the following people present when you were interviewed?	
		Yes No Not needed
	Solicitor	12 7 1
	Appropriate adult	1 7 5
	Interpreter	0 6 5
Q35	How long did you have to wait for your solicitor?	
	<i>I did not request a solicitor</i>	6
	<i>Two hours or less</i>	1
	<i>Over two hours but less than four hours</i>	2
	<i>Four hours or more</i>	13
Q36	Were you officially charged?	
	Yes.....	17
	No	7
	<i>Don't know</i>	0
Q37	How long were you in police custody <i>after</i> being charged?	
	<i>I have not been charged yet</i>	7
	<i>One hour or less</i>	0
	<i>More than one hour, but less than six hours</i>	1
	<i>More than six hours, but less than 12 hours</i>	4
	<i>12 hours or more</i>	12
Q38	Do you have any other comments about your time in police custody?	13

Section 3: safety

Q39	Did you feel safe there?	
	Yes.....	10

	No	12
Q40	Did another detainee or a member of staff victimise (insult or assault) you there?	
	Yes.....	12
	No	11
Q41	If you felt victimised, what did the incident involve? (Please tick all that apply.)	
	<i>I was not victimised</i>	11
	<i>Insulting remarks (about you, your family or friends)</i>	4
	<i>Physical abuse (being hit, kicked or assaulted)</i>	7
	<i>Sexual abuse</i>	0
	<i>Your race or ethnic origin</i>	4
	<i>Drugs</i>	2
	<i>Please describe:</i>	5
	<i>Because of your crime</i>	3
	<i>Because of your sexuality</i>	0
	<i>Because you have a disability</i>	1
	<i>Because of your religion/religious beliefs</i> ...	2
	<i>Because you are from a different part of the country than others</i>	2
Q42	Were you handcuffed or restrained while in the police custody suite?	
	Yes.....	13
	No	9
Q43	Were you injured while in police custody, in a way that you feel was not your fault?	
	Yes.....	10
	No	12
Q44	Were you told how to make a complaint about your treatment there, if you needed to?	
	Yes.....	3
	No	18
Q45	Do you have any other comments about safety in the police custody suite?	12

Section 4: healthcare

Q46	When you were in police custody were you on any medication?		
	Yes.....	10	
	No	13	
Q47	Were you able to continue taking your medication while there?		
	<i>Not taking medication</i>	13	
	Yes.....	3	
	No	6	
Q48	Did someone explain your entitlements to see a healthcare professional, if you needed to?		
	Yes.....	7	
	No	14	
	<i>Don't know</i>	2	
Q49	Were you seen by the following healthcare professionals during your time there?		
		Yes	No
	Doctor	14	9
	Nurse	1	12
	Paramedic	0	13
	Psychiatrist	1	13
Q50	Were you able to see a healthcare professional of your own gender?		
	Yes.....	4	
	No	14	
	<i>Don't know</i>	4	

Q51	Did you have any drug or alcohol problems?						
	Yes.....					15	
	No					8	
Q52	Did you see, or were you offered the chance to see a drug or alcohol support worker?						
	<i>I didn't have any drug/alcohol problems.....</i>					4	
	Yes.....					7	
	No					10	
Q53	Were you offered relief or medication for your immediate symptoms?						
	<i>I didn't have any drug/alcohol problems.....</i>					4	
	Yes.....					5	
	No					13	
Q54	Please rate the quality of your healthcare while in police custody:						
		<i>I have not been seen by healthcare</i>	<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>
	Quality of healthcare	1	1	4	4	6	6
Q55	Did you have any specific <i>physical</i> healthcare needs?						
	No					17	
	Yes.....					6	
	Please specify:					5	
Q56	Did you have any specific <i>mental</i> healthcare needs?						
	No					17	
	Yes.....					6	
	Please specify:					6	
Q57	Do you have any other comments about your time in the police custody suite?						

Section 5: prison lock-out information

If you were a 'prison lock-out' please answer the following questions.

If a question does not apply to you, please leave it blank.

Q58	Were you told that you would be held in a police station, rather than a prison, before you arrived there?	
	Yes.....	4
	No	5
Q59	How long did you spend in the escort van before arriving there?	
	<i>Less than one hour.....</i>	6
	<i>More than one hour, but less than two hours.....</i>	1
	<i>More than two hours, but less than three hours.....</i>	0
	<i>More than three hours, but less than four hours.....</i>	0
	<i>More than four hours</i>	0
Q60	Were you offered the chance to let family/friends know where you were?	
	Yes.....	4
	No	5
Q61	Did your property come with you to the police station?	
	Yes.....	5
	No	2
	<i>I don't know.....</i>	1

- Q62 On average, how much time were you able to spend out of your police cell each day?**
- I was not able to spend any time out of my police cell..... 5*
 - Less than one hour..... 1*
 - More than one hour, but less than two hours..... 0*
 - More than two hours, but less than three hours..... 0*
 - More than three hours, but less than four hours..... 0*
 - More than four hours 0*
- Q63 Do you have any other comments about being a 'prison lock-out' in the police station?**

Thank you for your time