



Report on an inspection visit to
police custody suites in
Kensington and Chelsea
Borough Operational
Command Unit

14 – 16 June 2010

by

HM Inspectorate of Prisons and

HM Inspectorate of Constabulary

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1. Introduction

This report is part of a programme of inspections of police custody carried out jointly by our two inspectorates and which form a key part of the joint work programme of the criminal justice inspectorates. These inspections also contribute to the United Kingdom's response to its international obligation to ensure regular and independent inspection of all places of detention¹. The inspections look at strategy, treatment and conditions, individual rights and health care.

The Metropolitan Police Service (MPS) has 77 custody suites designated under statute for the reception of detainees. Twenty-five 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. This inspection was conducted in the London Borough of Kensington and Chelsea.

We found a clear management structure was in place and, although investment in up-grading the estate had stalled, there was sufficient cell capacity to meet requirements. Overall the staffing model was good, although we had some concerns over the use of inadequately trained constables to fill shortages of designated detention officers

Good practice information was circulated to staff but there was no structured collation of information on the use of force, to enable trend analysis. Custody staff were generally respectful and caring in their dealings with detainees although we noted some inappropriate language and there was little recognition of the different impacts of detention on women, children and those with disabilities. All detainees were asked about dependencies on arrival and individually risk assessed, although some assessments were cursory.

Accommodation was reasonable at Chelsea but more cramped at Notting Hill. Suites were generally clean, with little graffiti. Efforts had been made to minimise ligature points, but a number were still identified and we noted that not all staff carried ligature knives.

The provisions of the Police and Criminal Evidence Act were robustly adhered to, although this meant that appropriate adults were not routinely sought for 17 year olds. Detainees were not told how to make a complaint and any doing so would be referred to the front desk on release. The provision of health care services was managed centrally and their quality was satisfactory. However, clinical governance arrangements were unclear and there was an absence of robust monitoring to ensure consistency of service delivery. Clinical rooms were not up to standard, some medications were not stored securely and arrangements for storing clinical notes were inadequate. Substance use and mental health services were generally good.

This inspection identified a generally positive picture of custody provision in Kensington and Chelsea, although health care provision requires attention. This report sets out a number of recommendations that we believe will assist the Metropolitan Police and the Police Authority to

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

improve the quality of custody provision. We expect them to consider these in the wider context of force priorities and resourcing, and to provide us with an action plan in due course.

Sir Denis O'Connor
HM Chief Inspector of Constabulary

Nigel Newcomen
HM Deputy Chief Inspector of Prisons

July 2010

2. Background and key findings

- 2.1 HM Inspectorates of Prisons and Constabulary have a programme of joint inspections of police custody suites, as part of the UK's international obligation to ensure regular independent inspection of places of detention. These inspections look beyond the implementation of the Police and Criminal Evidence Act 1984 (PACE) codes of practice and *Safer Detention and Handling of Persons in Police Custody* 2006 (SDHP) guide, and focus on outcomes for detainees. They are also informed by a set of *Expectations for Police Custody*² about the appropriate treatment of detainees and conditions of detention, which have been developed by the two inspectorates to assist best custodial practice.
- 2.2 The Metropolitan Police Service (MPS) has 77 custody suites designated under the PACE for the reception of detainees. Twenty-five are 'overflow custody suites', used for various operational matters such as charging centres for football matches, Operation Safeguard 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 announced inspection was conducted at Chelsea and Notting Hill, which are the primary custody suites in the London Borough of Kensington and Chelsea. Custody facilities at Kensington were also visited. Inspectors examined force-wide and borough custody strategies, as well as treatment and conditions, individual rights and health care in the custody suites. A survey of prisoners at HMP Wormwood Scrubs who had formerly been detained in the suites was conducted by a HM Inspectorate of Prisons researcher and an inspector.
- 2.4 Chelsea custody suite had eight cells and Notting Hill had six. They were open 24 hours a day and held adults and juveniles. Kensington had six cells and was open for specific operations or for over-spill from the two main suites to provide additional capacity. The suites had received 5,036 detainees in 2009, including 55 immigration detainees. Between January and March 2010, 1,472 detainees had been held in the suites (846 at Chelsea, 619 at Notting Hill and seven at Kensington).

Strategic overview

- 2.5 The MPS custody directorate within the Emerald territorial policing team had strategic oversight of custody in all boroughs in London. Standard operating procedures (SOPs) were issued to boroughs and aimed to assist in the delivery of a consistent level of service in custody. The Metropolitan Police Authority (MPA) had responsibility for the custody estate and the official who managed the independent custody visitors (ICV) scheme also had lead responsibility for reporting on custody matters to the MPA, but there was no member of the authority with a lead for custody. The local ICV scheme was active and the borough operational command unit (BOCU) was responsive to it. ICVs were involved in critical incidents in custody.
- 2.6 Plans to upgrade the custody estate had been put on hold, but there was sufficient cell capacity in the BOCU to meet demand. Responsibility for day-to-day management of the custody suite and delivery of services had been devolved to boroughs and therefore rested with the BOCU commander. There was a clear management structure overseeing custody. The BOCU commander or deputy did not attend the local criminal justice board meeting. Dip

² <http://www.justice.gov.uk/inspectorates/hmi-prisons/expectations.htm>

sampling of custody records took place. There was a lack of management information to support the strategic management of provision.

- 2.7 Staffing numbers in custody were sufficient and a permanent custody staffing model had been introduced during the core working day, but there were limited numbers of designated detention officers (DDOs) and a reliance on police constable (PC) gaoles who had not been adequately trained.
- 2.8 Some good partnership work was evident, although more needed to be done to monitor health care contractors. Good practice information was circulated to staff. There was no BOCU-wide collation of use of force to enable trends and patterns to be analysed.

Treatment and conditions

- 2.9 Staff were generally respectful to detainees, although some of the language used about them was not appropriate. Some specific needs of juveniles, females and detainees with mental health problems were met, but staff mainly adopted a 'one size fits all' approach. Notting Hill was the designated suite for detainees with a disability, but this meant only that it was accessible. Some religious observance materials were available. Booking in desks were a good height, but booking in areas, particularly at Notting Hill, lacked privacy.
- 2.10 Staff used their experience when assessing levels of risk and routinely checked and acted on any information available. Staff understood the importance of rousing and ensuring that observations were not too predictable. Not all staff carried ligature knives. There was no evidence that force was over-used, but this was not monitored.
- 2.11 The physical conditions were reasonable at Chelsea, but more cramped at Notting Hill. The suites were well maintained, clean and had only a small amount of graffiti. There was no shower at Notting Hill and the one at Chelsea was rarely used. Mattress, pillows and blankets were routinely provided, but some were dirty. Toilet paper was available on request. Staff did not routinely explain the use of the cell bells. Fire evacuation and procedures were well understood by staff at Chelsea, but not at Notting Hill.
- 2.12 Regular hot and cold drinks were offered and a good range of nutritious food was available to meet most needs. There were no exercise yards and visits from family or friends were not facilitated. Limited reading materials were offered.

Individual rights

- 2.13 Sergeants looked critically at the necessity to detain people and suggested other disposals as appropriate. Rights and entitlements information was issued. Custody was not used as a place of safety for children. Solicitors were positive about the treatment of their clients. Relatively few immigration detainees had been held and we were told they were usually moved on quite quickly, although there was no data to confirm this. Interpreters were available and used, although some staff at Chelsea were reluctant to use the telephone interpreting service. New arrivals were routinely asked about any concerns they had about dependents. Pre-release risk assessments were carried out, but were sometimes cursory and we had concerns about some written comments in custody records.
- 2.14 Adherence to PACE was good, but more telephone reviews than usual were conducted. Appropriate adult provision was good during the day, but less so overnight. Police adhered to the PACE definition of a child, which meant 17 year olds were not routinely provided with an

appropriate adult. Arrangement for dealing with DNA and forensic samples were mostly adequate. Court cut-off times were acceptable. Detainees were not told how to make a complaint. Staff said they routinely referred any detainee with a complaint to the front desk on release.

Health care

- 2.15 Governance arrangements for health care were managed centrally by the MPS. Clinical governance arrangements for forensic medical examiners (FME) were unclear and there was little ownership of the provision in the BOCU. Nurses were in place at Chelsea and governance arrangements for these were better. There was an absence of robust monitoring and policies to ensure provision was meeting need and management arrangements were not systematic for all health professionals.
- 2.16 Clinical rooms were adequate, but not up to clinical standards. Medications management was reasonable, although medication was not always stored securely and at least one FME carried medications in an unlocked bag. Management of defibrillators was good, staff were trained and first aid kits well equipped, but not all RescuVacs were ready to use.
- 2.17 Average waits for health care professionals were acceptable. Efforts were made to collect existing medications from detainees' homes. FMEs used NSPIS, but arrangements for storing clinical notes were inadequate.
- 2.18 Drug and alcohol services were good and workers signposted to alcohol services and services for juveniles. Symptomatic relief was provided when needed. Mental health services were generally good. There were developing relationships between the police and providers and few, if any, Section 136³ patients were taken into police custody. There was no mental health diversion scheme.

Main recommendations

- 2.19 The Metropolitan Police Service should monitor the use of force locally and at force wide level, example by ethnicity, location and officer involved.
- 2.20 All staff deployed in custody suites should have been given custody-specific training.
- 2.21 Detainees should be told how to make a complaint and complaints by detainees should be facilitated and recorded where possible while in custody.
- 2.22 All medications should be stored safely and securely at all times.
- 2.23 There should be a diversion scheme that enables detainees with mental health problems to be identified and diverted into appropriate mental health services or referred on to prison health services.

³ Section 136 of the Mental Health Act allows removal of a person to a 'place of safety'

3. Strategy

Expected outcomes:

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

- 3.1 The MPS had a custody directorate led by a commander within territorial policing headquarters. Day-to-day management of the custody directorate was delivered by a detective superintendent. There was an internal inspection function, with mechanisms to ensure compliance with inspection findings. Responsibility for day-to-day management of custody suites and delivery of services had been devolved to BOCUs. Accountability therefore rested with the BOCU commander, who was a chief superintendent. There was no MPA member nominated as lead for custody, but a MPA official managed the ICV scheme and had lead responsibility for reporting on custody issues.
- 3.2 The commander sat on the programme board for SDHP and was clearly focused on ensuring an emphasis on 'professionalising custody'. He was also preparing to introduce integrated prosecution teams, and 'virtual courts' were being piloted through video links in some custody suites.
- 3.3 Policies were signed off at a strategic command level in the MPS and the custody directorate provided SOPs that supported delivery of force policies by custody suites in each London BOCU. The SOPs covered a broad spectrum, including use of police custody, use of closed-circuit television (CCTV) and guidance to custody staff on the supervision of detainees. They were designed to help BOCUs deliver consistent levels of service.
- 3.4 The MPS asset management plan had stalled due to the wider economic situation, which had led to delays in the building plans prioritised by most pressing need. The BOCU commander confirmed that Kensington and Chelsea borough had sufficient cell capacity and there were therefore no immediate plans for major improvements or capacity building. All the custody suites were old and showing their age, but reasonably maintained and clean.
- 3.5 A full-time inspector was the custody suite manager. Full-time permanent police sergeants (custody officers) were 'posted' into the custody role, although sergeants were used from the patrol shifts at night. The BOCU had eight designated detention officers (DDOs), although this was due to increase as part of phase three of Project Herald (workforce modernisation). This increase meant the BOCU would no longer need to use untrained PC gaolers to augment the DDOs, which was an area of weakness that increased risks to detainees, staff and the MPS. Apart from PC gaolers, all staff had received nationally approved custody training delivered corporately before being deployed in the custody suite. All custody officers had received a corporate refresher training package that was delivered every 18 months. (See main recommendations.)
- 3.6 The MPS had recruited teams of nurses for six stations to complement the level of health care provided by its doctors. The aim was to recruit 200 nurses by 2012 to ensure that each BOCU had a nurse on duty 24 hours a day. They were not fully available at Kensington and Chelsea, but were expected to arrive in due course as part of the rollout of Project Herald. In the meantime, Chelsea shared nursing staff based at Belgravia custody suite when they were available.

- 3.7 The BOCU commander did not attend Borough Criminal Justice Group (BCJG) meetings. However, Kensington and Chelsea shared the meeting with Hammersmith and Fulham BOCU, both of which sent a chief inspector, and the BOCU commander for Kensington and Chelsea was copied into the minutes from the meeting. The BOCU commander felt this level of engagement was suitable and the current arrangement worked well, although it meant the BOCU's resources could not be quickly committed if this was required. Representatives from local defence solicitors did not have input into this forum, but could bring any issues for discussion to the court users group, which was also attended by the BOCU and Crown Prosecution Service (CPS).
- 3.8 Relationships with the CPS were described by as good, with clear case management escalation routes when there were different opinions on how criminal cases should be progressed. The BOCU commander met with CPS court prosecutors and believed this worked well in resolving any ongoing issues.
- 3.9 There was an MPA official who coordinated the ICV scheme, which was an independent oversight mechanism. ICVs visited regularly and were focused on detainee welfare. Feedback reports were prepared after each visit and the MPA put together summary reports for quarterly ICV panel meetings. Issues of concern identified by ICVs were addressed immediately by the custody sergeant or more longer-term issues by the custody manager, with progress reports supplied to ICVs. The ICV co-chair reported good relationships with custody staff and ICVs were invited in if a custody suite experienced a critical incident with a detainee in custody.
- 3.10 The BOCU commander believed the BOCU had a good command structure reinforced by oversight and quality assurance mechanisms. The commander and his senior management team (SMT) personally visited the custody suites regularly and enquired into individual detainee's cases, which helped to keep custody staff focused on risk and welfare.
- 3.11 The SMT lead for custody was a superintendent, who met monthly with the custody manager and chaired a bi-monthly custody forum attended by key police staff. Custody was also a standing agenda item at the quarterly criminal justice meetings with the BOCU commander. Daily management meetings covered detainee and custodial issues and the BOCU commander held a weekly SMT meeting where custody issues were raised.
- 3.12 Custody staff were focused on the individual needs and circumstances of each detainee and ensured that those deemed high risk were safe. Sergeants carried out daily and weekly health and safety walk-throughs of custody, but there was no detailed list of what they should be checking. The BOCU health and safety officer also carried out an annual walk though of the suites and reported any issues to the SMT.
- 3.13 The custody manager dip sampled some custody records, but there was no guidance on the proportion or criteria and the checks themselves were limited in scope and range. We were told that Emerald had recently carried out an exercise in the BOCU where 10 custody records were sampled and related CCTV coverage reviewed.
- 3.14 Despite the MPS performance information board's package, neither the MPS nor the BOCU were interrogating the management information available on the NSPIS custody system to understand the profiles of detainees coming into custody. The NSPIS 'business objects' reporting model was not used to get relevant and timely information to support strategic planning and staffing models.
- 3.15 Newsletters from the custody directorate provided information and advice on detainee supervision and identified health and safety learning points gleaned from investigating

successful interventions and near misses. This included lessons learned from Independent Police Complaints Commission (IPCC) publications.

- 3.16 Information on the use of force in custody suites was not collated at a local or force-wide level. Officers and staff recorded the use of force against detainees in their custody records and police officers recorded it in their evidential pocket note books. Therefore, there was no management information accessible from a local or force-wide perspective. (See main recommendations.)

Recommendations

- 3.17 The Metropolitan Police Authority should allocate one authority member as lead for custody.
- 3.18 Staff carrying out health and safety walk-throughs should do these daily, weekly, monthly and quarterly in line with the requirements of *Safer Detention and Handling of Persons in Police Custody* guidance and use a standard list of areas to be checked.
- 3.19 The number of custody records dip sampled should be meaningful in relation to the numbers going through custody in the borough and the templates developed for this by Emerald should be used.
- 3.20 The Metropolitan Police Service should provide boroughs with relevant management information about custody-related matters to enable them critically to focus on important strategic issues.

Good practice

- 3.21 *Independent custody visitors were invited in for critical incidents involving detainees in custody.*

4. Treatment and conditions

Expected outcomes:

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

Respect

- 4.1 Detainees were brought to the station in police vans and cars. The private escort company, SERCO occasionally escorted detainees to and from court, but custody staff said police escorts were more readily available. Interactions we observed between staff and detainees were relaxed and generally respectful. Custody sergeants aimed to ensure that detainees understood their rights and what was expected of them. Interviews were appropriately paced and detainees could express any concerns. All detainees we spoke to said their interviews had been conducted sensitively and that they understood why they were in custody and what was required of them while they were there. Initial risk assessments were adequate and personal questions were asked sensitively.
- 4.2 Booking-in desks at both stations were a good height, but terminals were close together and did not allow much privacy during interviews. The number of station staff using the custody suite kitchen at Notting Hill also compromised privacy. Detainees were addressed appropriately and those we spoke to said custodial staff had treated them respectfully. However, some staff used inappropriate language when talking about detainees between themselves.
- 4.3 Custodial staff said they had received diversity training, but there appeared to be little recognition that some groups of people, such as women and children, might experience custody differently. All the custody sergeants we saw were male. Female detainees were usually, but not always, asked if they wanted to talk to a female officer after the initial interview. Staff had attended Every Child Matters training. The children and young people we saw were treated well and one interview we observed was relaxed and age appropriate. All cells for children and young people were in view of the reception desk and children and young people were observed at least every 30 minutes.
- 4.4 Notting Hill was designated for detainees with disabilities, but the only adaptation to justify this was an entrance ramp. Staff said they had not had any specific disability awareness training, but used their common sense when dealing with detainees with disabilities. There were no hearing loops and staff at Chelsea said it was particularly difficult to secure signing services. Copies of the Bible and the Qur'an were available, as were prayer mats, but not compasses. Staff said they could indicate the direction of Mecca if required.

Safety

- 4.5 Custody sergeants completed risk assessments with detainees on arrival in custody. The initial risk assessments we looked at were clear and contained useful information. One detainee identified as having thoughts about self-harm or suicide had been placed in a cell with CCTV and those who had previously attempted self-harm or suicide were observed every 30 minutes. One risk assessment noted a previous suicide attempt, but this was not mentioned in the detention log. Cells with CCTV were routinely used for high-risk detainees and vulnerable detainees were allocated an appropriate level of observation. DDOs observed detainees as

required and understood that observations and rousing of detainees should not be too predictable.

- 4.6 Custody staff were given advance warning before a disruptive detainee arrived and were familiar with the procedures for managing such detainees in the custody suite. Detainees did not share cells. Ligature knives were available at both suites, but were worn only by staff at Chelsea.

Use of force

- 4.7 Custody staff were aware of the importance of using de-escalation techniques when possible. Officer safety training was routinely provided for all custody staff every six months. Health care staff were called after force was used only if the detainee complained of pain or if there were any visible signs of injury. Detainees are not routinely handcuffed before arrival and a local solicitor who regularly attended said that, when used, handcuffs were usually removed quickly. We saw staff generally remove handcuffs immediately, but we saw one detainee who remained handcuffed for about five minutes for no apparent reason.

Physical conditions

- 4.8 Four cells in each suite had CCTV. Notting Hill had one detention cell for children and young people and Chelsea had two. Neither had dedicated cells for women, although one nearer the custody desk at Notting Hill was often used for this purpose.
- 4.9 Both custody suites were in reasonable condition, although Notting Hill was cramped. Public areas and cells were clean and tidy and there was little graffiti. There was a regular cleaning programme and staff said any cell made particularly dirty by a detainee was deep cleaned within two hours. Cell temperatures were good. Smoking was not allowed. Cells bells were routinely tested before and after cell were occupied. However, the proper use of cell bells was not explained to all detainees. There were no rules for how quickly a cell bell should be answered.
- 4.10 Fire alarms were tested weekly, but fire drills did not take place and we were told the fire evacuation procedure information behind the custody desk at Chelsea was out of date. Custody staff were aware of the evacuation procedures and understood that detainee safety was paramount, but staff at Notting Hill were concerned that the two fire exits were too close together and likely to be blocked if a fire broke out nearby.

Personal comfort and hygiene

- 4.11 Mattresses and pillows were routinely provided and all were in a good condition and regularly cleaned with disinfectant. Both stations had an adequate stock of clean blankets, although some we saw in use were dirty. Some limited sanitary products were available, but were only offered on request.
- 4.12 All cells had integral sanitation and appropriate privacy screening. Toilet paper had to be requested. Detainees could not wash their hands in their cells and requests to use a basin at Notting Hill were not always accommodated.
- 4.13 There was no shower at Notting Hill and the one at Chelsea was rarely used. In the records we looked at, five detainees had been held overnight and discharged to court without a shower

and one detainee had been held for over 48 hours without one. There was a basic range of hygiene products, but only paper towels or cloths were available.

- 4.14 Both custody suites held an adequate supply of replacement clothes, including paper suits and plimsolls in a range of sizes, but no underwear.

Catering

- 4.15 Regular hot food was offered to detainees both at standard meal times and at other times as required. However, our sample of custody records indicated that one detainee had not been given something to eat for 17 hours, which was unacceptable. The station canteen at Notting Hill provided hot food when open and microwave ready meals were available at other times. Only microwave ready meals were provided at Chelsea. Halal, vegan, vegetarian and gluten-free options were available. In our survey, 61% of respondents, significantly better than the comparator of 44%, said the food had been suitable for their dietary requirements.

Activities

- 4.16 Neither custody suite had an exercise yard or facilitated visits from friends or family, even for detainees held more than 24 hours. Limited reading material, including newspapers and magazines brought in by staff, was regularly offered to detainees. There was nothing available in easy to read format.

Recommendations

- 4.17 **Booking in desks should allow effective and private communication between detainees and staff.**
- 4.18 **Senior staff should monitor the language of all custodial staff and challenge any inappropriate or negative comments about detainees.**
- 4.19 **Notting Hill station should be fully adapted to meet the needs of detainees with disabilities.**
- 4.20 **Custody staff should carry ligature knives.**
- 4.21 **Unless there is good reason, handcuffs should be removed from detainees as soon possible after they enter the custody suite.**
- 4.22 **The cell bell should be used for emergencies only and this should routinely be explained to all detainees when they enter the cell.**
- 4.23 **Regular fire drills should take place and should include evacuating the custody suites.**
- 4.24 **All female detainees should be offered a hygiene pack on arrival.**
- 4.25 **Detainees should be given access to a basin to wash their hands on request.**
- 4.26 **All cells should contain a supply of toilet paper.**
- 4.27 **Detainees held overnight and those who need it should be offered a shower.**

4.28 Detainees held for longer periods should be offered a visit.

Housekeeping points

4.29 Women should always be offered the opportunity to speak to a female officer and their response should be recorded on the initial assessment.

4.30 The expected timescales for answering a cell bell should be published to staff and response times monitored.

4.31 Evacuation procedures should be up to date.

5. Individual rights

Expected outcomes:

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

Rights relating to detention

- 5.1 Custody sergeants checked that detention was appropriate before authorising it. They followed up matters with investigating officers responsible for the enquiry to ensure that detention lasted no longer than necessary. Only 55 immigration detainees had been dealt with in 2009. Staff took steps to ensure that the length of their detention was kept to a minimum, but this could still be up to two days as custody staff said the UKBA responded slowly to requests to move detainees held solely under immigration laws. A significant number of inspector reviews were carried out over the telephone rather than in person. Police custody was not used as a place of safety for children and young people under section 46 of the Children Act 1989.
- 5.2 All detainees were offered a copy of their rights and entitlements, which were available in languages other than English. Detainees, including immigration detainees, were told they could let someone know where they were and any significant delays in exercising this right were authorised at inspector level. All six foreign national detainees in our sample of custody records had been given their rights and we saw one woman being told she could contact her embassy.
- 5.3 A language identification chart was used at Chelsea, but not at Notting Hill. Staff at both suites had access to two-way handsets. Some staff at Chelsea said they preferred to use face-to-face interpreters, which they booked using a central MPS call centre number, although this could cause delay in the detainee having key information explained in a language they understood. The length of wait for an interpreter to arrive depended on the demand for the language in question.
- 5.4 Custody staff routinely asked detainees about any dependants and took any necessary action, such as making arrangements with family and friends if needed.
- 5.5 Pre-release risk assessments were completed when considered necessary. A leaflet detailing support organisations and agencies was routinely given out and action taken, such as lifts home, if significant risks were identified. Some staff included a standard sentence in each risk assessment stating they were unqualified to assess the detainee's state of mind and accepted no responsibility for any action the detainee takes on leaving the station.

Rights relating to PACE

- 5.6 Up-to-date copies of PACE were available and regularly offered to detainees. Detainees were not interviewed while under the influence of alcohol or drugs and anyone considered possibly unfit for interview was assessed by a doctor. Eight-hour rest periods were provided.
- 5.7 Detainees could get free legal advice through the duty solicitor scheme and the poster advertising this at Chelsea was displayed in languages other than English. All detainees in our sample of custody records had routinely been offered legal advice. Detainees were usually

able to speak to legal advisers within a couple of hours of detention and solicitors reported that their clients were well treated. A telephone in the custody areas offered little privacy, which was particularly inadequate for immigration detainees as immigration advice was available only by telephone. Solicitors could obtain the front two sheets of their client's custody record and many routinely asked for this on arrival at the custody suite.

- 5.8 Family and friends were usually approached as appropriate adults (AAs) in the first instance. Social Services coordinated the AA service. Fourteen on-call trained volunteers as well as youth offending team workers and social workers were available up to 10pm on weekdays, but the service was more limited at weekends and during the night. An AA had been provided in most cases reviewed, but one detainee with severe mental health problems had not been provided with one. Police adhered to the PACE definition of a child instead of that in the Children Act 1989, which meant those aged 17 were not routinely provided with an AA unless otherwise deemed vulnerable⁴.
- 5.9 The management of DNA and forensic samples was good. The only minor issue identified was some confusion among staff whereby a small number of DNA samples had not been submitted to the National DNA Database and were listed as 'missing' on the Police National Computer.
- 5.10 Detainees who were charged were promptly put before the courts. Detainees had to be at the local court by 3pm on weekdays and by noon on Saturdays. There were no video link facilities.

Rights relating to treatment

- 5.11 Detainees were not routinely told how to make a complaint and this information was not included in the rights and entitlements leaflets. Although senior managers expected that complaints would be dealt with while detainees were in custody, custody sergeants said this was not possible, and instead told detainees to go to the front desk on release. Detainees who were charged and sent to court or subsequently to prison therefore may not have had an opportunity for their complaint to be recorded or investigated. The custody sergeant recorded the complaint in the custody log. There was no central recording of complaints in custody or monitoring of those with a racist element. (See main recommendations.)

Recommendations

- 5.12 Inspector reviews of detention should take place in person with the detainee unless there is an operational or other reason for this not to be the case.
- 5.13 Telephone interpreting services should be used to avoid unnecessary delays in provision of key information to detainees.
- 5.14 Detainees, including immigration detainees, should be able to consult privately by telephone with their legal representative.
- 5.15 Appropriate adults should be readily available to all detainees who require them, including juveniles aged 17.

⁴ Although this met the current requirements of PACE, in all other parts of the criminal justice system, and international treaty obligations, 17 year olds are treated as juveniles. The UK government has committed to bringing PACE into line as soon as a legislative slot is available.

- 5.16 The BOCU senior management team should ensure that staff are clear on DNA policies and that samples are submitted promptly to the National DNA Database.

6. Health care

Expected outcomes:

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

Clinical governance

- 6.1 Clinical governance arrangements for FMEs were unclear. A new contract between individual FMEs and the MPS introduced in the previous year was not specific about response times, appraisals or professional development and contracts were not regularly monitored. Kensington and Chelsea BOCU did not check that annual appraisals were completed, that supervision was provided and accessed, or that continuous professional development was undertaken in line with the requirements of professional bodies. There was no evidence of a training needs analysis and no recent training had been provided by the MPS to FMEs. No checks were made of whether or how FMEs updated their clinical skills. Custody staff did not know how to find out the qualifications or experience of any of the doctors arriving at their suite.
- 6.2 In a new initiative, some nurses based in Belgravia attended the Chelsea custody suite on request. The service was not available 24 hours a day and custody staff simply tried calling the designated mobile telephone to see whether there was a nurse on duty. If not, they called an FME. There was only one female FME on the rota and it was not clear what would happen if a detainee asked to see a female doctor. Telephone interpreters were used by health care professionals if a detainee did not speak English.
- 6.3 The clinical rooms were of a reasonable standard, but the one at Notting Hill was particularly small. All were also used for drug testing and other activities. Paper roll was available, but not attached to the couch so did not appear to be used. The couch at Notting Hill was torn and there was no examination light. The room at Chelsea contained a large fridge and freezer as well as large crates of unrelated equipment. None of the sharps boxes or the pharmaceutical waste bins were dated and signed when first used. None of the rooms had a sign on the door to indicate when they were in use and the room at Kensington was unlocked each time we visited the suite.
- 6.4 Medications management was reasonable, although there was no evidence of stock lists previously issued by the MPS. Drugs cupboards were tidy, but other cupboards were not. Kensington had no obvious drugs cupboard and there were a few tablets, out-of-date GTN (angina) sprays and some patient own medication in an unlocked cupboard. Chelsea and Notting Hill had a register for the stock control of dihydrocodeine and oral diazepam and all registers were correct. There was a large quantity of antipsychotic medication in an unlocked cupboard at Chelsea, but this was disposed of when nursing staff were made aware of it. There were no up-to-date drug reference books. The FME we met carried medications in an unlocked bag. (See main recommendations.)
- 6.5 Each suite had a defibrillator stored under the custody desk and there was evidence of regular checks at Chelsea and Notting Hill, but not at Kensington. The Rescuvac (hand-operated suction apparatus) at Chelsea and Notting Hill was not assembled and ready for use, despite staff at Chelsea having signed to indicate that it was. Staff at Chelsea assembled the

equipment when we pointed this out. Staff were trained to use the resuscitation equipment. First aid kits were also available.

Patient care

- 6.6 New arrivals were asked if they wanted to see a health professional. Staff we spoke to were not concerned about FME response times and staff at Chelsea said nurses responded particularly promptly when they were available. In our custody record analysis, 30% of the detainees had been seen by an FME or nurse, with an average wait of under an hour. The longest wait was 2.75 hours. Any medications required were dispensed by the FME and either given immediately or clipped to the detainee's custody record to be administered later. Nurses administered medications only to patients who met the criteria of a patient group direction or after consultation with an FME. Health professionals and custody staff said every effort was made to obtain any existing medication from a detainee's home if they were likely to be held for some time.
- 6.7 Nurses and the doctors used NSPIS to record their clinical findings and nurses also kept contemporaneous records using a comprehensive health care assessment plan. These were locked in a filing cabinet on site, although not near the custody suite. We found some completed assessment plans in an unlocked drawer in the clinical room at Chelsea and brought these to the attention of the nurse manager, who immediately locked them away and reported the incident to her superiors. FMEs also kept their own records. One FME used his own mobile telephone to take photographs of detainees' injuries, which he stored on his personal computer.
- 6.8 The FME contract made clear that all clinical records made by the FME remained subject to their physical control and to the normal regulations and statutory provisions governing medical records, as well as the related principles of good medical practice in record-keeping promulgated by the General Medical Council. FMEs were responsible for their retention and secure storage, but there was no consistency between the FMEs as to how the records were stored or for how long. None were stored on site at any of the police stations.

Substance use

- 6.9 Substance use services were provided by Crime Reduction Initiative (CRI) on behalf of the drug intervention programme (DIP). The BOCU was part of the 'Cozart' initiative, so all detainees arrested for a trigger offence were subject to drug testing for heroin or cocaine. In the last three months of the previous financial year, the most recent figures available, an average of 187 adults a month had been tested with about 25% testing positive. Drugs workers were available from 7am to 10pm and one of the team also covered local courts. Outside these hours, custody staff could make an appointment for a detainee on a dedicated telephone number. Drugs workers saw all adult detainees with a drug problem referred to them and made them an appointment to see a DIP worker in their home area within two to three days. Arrangements were made for detainees remanded in custody at court to be seen in prison. Juveniles and those with alcohol issues were given informal guidance and signposted to other agencies. Clean needles and syringes were not available at any of the custody suites.

Mental health

- 6.10 An inspector acted as the mental health liaison officer and had regular police liaison meetings with staff from Central and North West London Mental Health Trust (CNWL). There was no

liaison or diversion scheme for detainees with mental health problems. Detainees deemed to require a mental health assessment were referred to the local social services, which provided approved mental health professionals either from a core of staff or from the limited out-of-hours emergency duty team.

- 6.11 The custody suite was not used for people detained to a 'place of safety' under the Mental Health Act (1983) Section 136. Such potential cases were taken to one of two designated mental health suites staffed by CNWL. There was a protocol between the police and CNWL and police staff usually stayed with a Section 136 detainee for 90 minutes. Discussions with staff at both units suggested that most Section 136 arrests were appropriate, with most detainees having further interventions from mental health services. (See main recommendation 2.23)

Recommendations

- 6.12 **Clinical governance arrangements should be improved, including clear lines of accountability for checking the identity, qualifications, appraisal systems, training and supervision of all forensic medical examiners.**
- 6.13 Detainees should be able to see a female health professional on request.
- 6.14 All clinical rooms should be fit for purpose and used solely by health professionals.
- 6.15 Health care professionals should ensure that all clinical records are stored in accordance with the Data Protection Act and Caldicott guidance on the use and confidentiality of personal health information and there should be clear protocols on how long clinical records should be kept.

Housekeeping points

- 6.16 There should be a clear system for identifying when a nurse is on duty so that staff do not delay in calling a forensic medical examiner when required.
- 6.17 The sharps and waste pharmaceutical bins should be dated and signed when first used and used only for their designated purpose.
- 6.18 Health care professionals should have access to up-to-date drug reference books.
- 6.19 All resuscitation equipment should be assembled and ready for immediate use.
- 6.20 Injecting drug users released into the community should be offered clean needles by drugs workers.

7. Summary of recommendations

| Main recommendations | To the Metropolitan Police Service |
|----------------------|------------------------------------|
|----------------------|------------------------------------|

- 7.1 The Metropolitan Police Service should monitor the use of force locally and at force wide level, example by ethnicity, location and officer involved. (2.19, see paragraph 2.8)
- 7.2 All staff deployed in custody suites should have been given custody-specific training. (2.20, see paragraph 2.7)
- 7.3 Detainees should be told how to make a complaint and complaints by detainees should be facilitated and recorded where possible while in custody. (2.21, see paragraph 2.14)
- 7.4 All medications should be stored safely and securely at all times. (2.22, see paragraph 2.16)
- 7.5 There should be a diversion scheme that enables detainees with mental health problems to be identified and diverted into appropriate mental health services or referred on to prison health services. (2.23, see paragraph 2.18)

| Recommendation | To the Metropolitan Police Authority |
|----------------|--------------------------------------|
|----------------|--------------------------------------|

Strategy

- 7.6 The Metropolitan Police Authority should allocate one authority member as lead for custody. (3.17, see paragraph 3.1)

| Recommendations | To the Metropolitan Police Service |
|-----------------|------------------------------------|
|-----------------|------------------------------------|

Strategy

- 7.7 Staff carrying out health and safety walk-throughs should do these daily, weekly, monthly and quarterly in line with the requirements of *Safer Detention and Handling of Persons in Police Custody* guidance and use a standard list of areas to be checked. (3.18, see paragraph 3.12)
- 7.8 The number of custody records dip sampled should be meaningful in relation to the numbers going through custody in the borough and the templates developed for this by Emerald should be used. (3.19, see paragraph 3.13)
- 7.9 The Metropolitan Police Service should provide boroughs with relevant management information about custody-related matters to enable them critically to focus on important strategic issues. (3.20, see paragraph 3.14)

Treatment and conditions

- 7.10 Booking in desks should allow effective and private communication between detainees and staff. (4.17, see paragraph 4.2)

- 7.11 Senior staff should monitor the language of all custodial staff and challenge any inappropriate or negative comments about detainees. (4.18, see paragraph 4.2)
- 7.12 Notting Hill station should be fully adapted to meet the needs of detainees with disabilities. (4.19, see paragraph 4.4)
- 7.13 Custody staff should carry ligature knives. (4.20, see paragraph 4.6)
- 7.14 Unless there is good reason, handcuffs should be removed from detainees as soon possible after they enter the custody suite. (4.21, see paragraph 4.7)
- 7.15 The cell bell should be used for emergencies only and this should routinely be explained to all detainees when they enter the cell. (4.22, see paragraph 4.9)
- 7.16 Regular fire drills should take place and should include evacuating the custody suites. (4.23, see paragraph 4.10)
- 7.17 All female detainees should be offered a hygiene pack on arrival. (4.24, see paragraph 4.11)
- 7.18 Detainees should be given access to a basin to wash their hands on request. (4.25, see paragraph 4.12)
- 7.19 All cells should contain a supply of toilet paper. (4.26, see paragraph 4.12)
- 7.20 Detainees held overnight and those who need it should be offered a shower. (4.27, see paragraph 4.13)
- 7.21 Detainees held for longer periods should be offered a visit. (4.28, see paragraph 4.16)

Individual rights

- 7.22 Inspector reviews of detention should take place in person with the detainee unless there is an operational or other reason for this not to be the case. (5.12, see paragraph 5.1)
- 7.23 Telephone interpreting services should be used to avoid unnecessary delays in provision of key information to detainees. (5.13, see paragraph 5.3)
- 7.24 Detainees, including immigration detainees, should be able to consult privately by telephone with their legal representative. (5.14, see paragraph 5.7)
- 7.25 Appropriate adults should be readily available to all detainees who require them, including juveniles aged 17. (5.15, see paragraph 5.8)
- 7.26 The BOCU senior management team should ensure that staff are clear on DNA policies and that samples are submitted promptly to the National DNA Database. (5.16, see paragraph 5.9)

Health care

- 7.27 Clinical governance arrangements should be improved, including clear lines of accountability for checking the identity, qualifications, appraisal systems, training and supervision of all forensic medical examiners. (6.12, see paragraph 6.1)

- 7.28 Detainees should be able to see a female health professional on request. (6.13, see paragraph 6.2)
- 7.29 All clinical rooms should be fit for purpose and used solely by health professionals. (6.14, see paragraph 6.3)
- 7.30 Health care professionals should ensure that all clinical records are stored in accordance with the Data Protection Act and Caldicott guidance on the use and confidentiality of personal health information and there should be clear protocols on how long clinical records should be kept.(6.15, see paragraph 6.8)

Housekeeping points

Treatment and conditions

- 7.31 Women should always be offered the opportunity to speak to a female officer and their response should be recorded on the initial assessment. (4.29, see paragraph 4.3)
- 7.32 The expected timescales for answering a cell bell should be published to staff and response times monitored. (4.30, see paragraph 4.9)
- 7.33 Evacuation procedures should be up to date. (4.31, see paragraph 4.10)

Health care

- 7.34 There should be a clear system for identifying when a nurse is on duty so that staff do not delay in calling a forensic medical examiner when required. (6.16, see paragraph 6.2)
- 7.35 The sharps and waste pharmaceutical bins should be dated and signed when first used and used only for their designated purpose. (6.17, see paragraph 6.3)
- 7.36 Health care professionals should have access to up-to-date drug reference books. (6.18, see paragraph 6.4)
- 7.37 All resuscitation equipment should be assembled and ready for immediate use. (6.19, see paragraph 6.5)
- 7.38 Injecting drug users released into the community should be offered clean needles by drugs workers. (6.20, see paragraph 6.9)

Good practice

Strategy

- 7.39 Independent custody visitors were invited in for critical incidents involving detainees in custody. (3.21, see paragraph 3.9)

Appendix I : Inspection team

| | |
|-----------------|----------------------------|
| Sean Sullivan | HMIP team leader |
| Anita Saigal | HMIP inspector |
| Paddy Craig | HMIC inspector |
| Fiona Shearlaw | HMIP inspector |
| Ian Thomson | HMIP inspector |
| Elizabeth Tysoe | HMIP health care inspector |
| Huw Jenkins | CQC inspector |
| Samantha Booth | HMIP researcher |

Appendix II: Custody record analysis

Background

As part of the inspection of Kensington and Chelsea police custody suites, a sample of the custody records of detainees held at Chelsea, Notting Hill and Kensington police stations in May 2010 was analysed. The Kensington police station suite is rarely used, so only three custody records from there were viewed. Custody records were held electronically on NSPIS (national strategy for police information systems). A total sample of 30 records were analysed from across the Kensington and Chelsea borough, as follows:

| Custody suite | Number of records analysed |
|---------------|----------------------------|
| Chelsea | 15 |
| Notting Hill | 12 |
| Kensington | 3 |
| TOTAL | 30 |

The analysis looked at the level of care and access to services such as showers, exercise and phone calls detainees received. Any additional information of note was also recorded.

Demographic information

- Two (7%) of the detainees were female and 28 were male.
- Five (17%) people under 17 were included in the sample.
- Thirteen (43%) in our sample were from a white British/other ethnic background, and 15 (50%) were from a black or ethnic minority background. The ethnicity of two detainees was recorded as 'not stated'.
- Six (20%) detainees had been held for more than 24 hours. Twelve (40%) had been in custody overnight, including those who had arrived during the night (before 3am) and were not released until the morning. Thirteen (43%) detainees had been held for less than six hours.

Risk assessments

Initial risk assessment statements were largely clear and contained helpful information.

- Seven detainees (23%) were recorded as having consumed alcohol in the 24 hours before arriving in to custody. Three of these detainees were seen by a doctor or nurse.
- One (3%) detainee had current thoughts of self-harm or suicide and four (13%) had previous self-harm or suicide attempts recorded. The detainee who had current thoughts of self-harm or suicide was placed in a CCTV cell. The detainees with previous self-harm or suicide attempts but no current thoughts of harm recorded were placed on 30-minute observations. However, in one of these cases, the risk assessment noted a previous suicide attempt, but this was not mentioned in the detention log.

- Five (17%) detainees in our sample had reported mental health problems. It was noted that an appropriate adult was required for one of these detainees and this person was present for both the reading of the rights and interview.
- Eight (27%) detainees in our sample reported being on medication on arrival in custody. Five of these detainees were seen by a health care professional and the other three were not held in custody long enough to require their medication.
- One (3%) detainee in our sample came in to custody with an injury and was seen by a health care professional.
- In eight (27%) risk assessments, it was noted to be a detainee's first time in custody.

Removal of clothing

None of the detainees in the sample had had clothing removed.

Foreign nationals

There were six (20%) foreign nationals in the sample, and all were read their foreign national rights.

- One person in the sample was an immigration detainee. They were held for less than six hours.

Young people

There were five young people aged under 17 in our sample.

- Two young people were recorded as being kept in the custody area, whereas the other three were held in a cell. One young person was allowed a drink that their parent had brought in for them and two were provided with reading materials.
- In each case, their rights had been re-read to them with an appropriate adult present. For the four who were interviewed, it was not recorded that the appropriate adult was present at the interview, although they were at the station.

Women

Of the two female detainees in the sample:

- According to the detention log, one was offered the chance to speak alone with a female member of staff, which they declined.
- One had been given sanitary provision when requested.

Interpreters

One detainee requested an interpreter before they signed their record of rights. However, no interpreter is recorded as having been used, although a second record of rights had been signed by the detainee.

Inspector reviews

Inspector reviews were held in line with requirements, usually at the required times. Only one was recorded as delayed due to attending to another detainee.

Services

- All detainees were offered the opportunity of having someone informed of their arrest, notwithstanding operational reasons. In addition, seven (23%) detainees had made a phone call during their time in custody.
- All detainees were routinely offered legal advice and 13 (43%) detainees accepted.
- Nine (30%) detainees were seen by the forensic medical examiner (FME) or nurse.
 - The longest wait was approximately two and three-quarter hours.
 - The average wait for an FME or nurse was approx 53 minutes.
- One detainee had requested to smoke but had been given nicotine lozenges instead.
- Fifteen (50%) detainees in our sample had at least one meal while in custody. Thirteen (43%) detainees were not offered a meal while in custody. Nine had been held for less than six hours, and the other four had arrived during the night and been released the next day.
- There were no detainees in the custody sample who had been given outside exercise.
- No detainees had a shower while in custody. This included five detainees who had been held overnight and been discharged to court without a shower. One detainee was held for over 48 hours without being offered a shower.
- One detainee had been provided with a toothbrush and toothpaste.
- Five (17%) detainees had been given reading materials.
- Blankets were provided on request and in some cases given when a detainee was placed in a cell.
- No evidence of cell sharing was found.

Additional points of note

- A question for all detainees about whether they had any dependants who would be affected by them being in custody is noted in detention logs, but an answer was not always recorded.
- Six (20%) detainees had been strip-searched on arrival.
- Pre-release risk assessments were recorded in the record. The wording of this varied, but only one person in our sample was noted as having a risk and had been given an agency leaflet.

Appendix III: Summary of detainee questionnaires and interviews

Prisoner survey methodology

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

Choosing the sample size

The survey was conducted on 11 May and 3 June 2010. The survey for Kensington and Chelsea was conducted alongside a survey for the police boroughs of Brent, and Harrow. A list of potential respondents who may have passed through these three police boroughs was created, listing all those who had arrived from Harrow, Brent, Hendon, Uxbridge or West London Magistrates courts within the past month.

Selecting the sample

The questionnaire was offered to 100 respondents who had passed through Kensington and Chelsea, Brent and Harrow police boroughs. There were 10 refusals, five questionnaires returned blank and eight non-returns. Thirty-two questionnaires were returned completed from prisoners who had been through the borough of Kensington and Chelsea. All of those sampled had been in custody within the last three months⁵.

Completion of the questionnaire was voluntary. Interviews were carried out with any respondents with literacy difficulties. One respondent was interviewed.

Methodology

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

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

- 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
- seal the questionnaire in the envelope provided and leave it in their room for collection.

⁵ Researchers routinely select a sample of prisoners held in police custody suites within the last two months. Where numbers are insufficient to ascertain an adequate sample, the time limit is extended up to six months. The survey analysis continues to provide an indication of perceptions and experiences of those who have been held in these policy custody suites over a longer period of time.

Comparisons

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

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

The current survey responses were analysed against comparator figures for all prisoners surveyed in other police areas. This comparator is based on all responses from prisoner surveys carried out in 29 police areas since April 2008.

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

Summary

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

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

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

Survey results

Section 1: About you

| | | | |
|----|--|--|--|
| Q2 | <p>What police station were you last held at? Notting Hill: 24; Chelsea: 8; Kensington: 0</p> | | |
| Q3 | <p>What type of detainee were you?</p> <p><i>Police detainee</i>..... 30 (94%) <i>Prison lock-out (i.e. you were in custody in a prison before coming here)</i> 0 (0%) <i>Immigration detainee</i>..... 0 (0%) <i>I don't know</i>..... 2 (6%)</p> | | |
| Q4 | <p>How old are you?</p> <p><i>16 years or younger</i> 0 (0%) <i>40-49 years</i> 12 (39%) <i>17-21 years</i> 0 (0%) <i>50-59 years</i> 4 (13%) <i>22-29 years</i> 9 (29%) <i>60 years or older</i> 1 (3%) <i>30-39 years</i> 5 (16%)</p> | | |
| Q5 | <p>Are you:</p> <p><i>Male</i> 32 (100%) <i>Female</i> 0 (0%) <i>Transgender/transsexual</i> 0 (0%)</p> | | |
| Q6 | <p>What is your ethnic origin?</p> <p><i>White - British</i>..... 12 (39%) <i>White - Irish</i>..... 1 (3%) <i>White - other</i>..... 5 (16%) <i>Black or black British - Caribbean</i> 5 (16%) <i>Black or black British - African</i>..... 2 (6%) <i>Black or black British - other</i>..... 1 (3%) <i>Asian or Asian British - Indian</i> 0 (0%) <i>Asian or Asian British - Pakistani</i> 0 (0%) <i>Asian or Asian British - Bangladeshi</i> 0 (0%) <i>Asian or Asian British - other</i>..... 1 (3%) <i>Mixed heritage - white and black Caribbean</i> 1 (3%) <i>Mixed heritage - white and black African</i>..... 1 (3%) <i>Mixed heritage- white and Asian</i> 0 (0%) <i>Mixed heritage - other</i> 1 (3%) <i>Chinese</i>..... 0 (0%) <i>Other ethnic group</i> 1 (3%)</p> | | |
| Q7 | <p>Are you a foreign national (i.e. you do not hold a British passport, or you are not eligible for one)?</p> <p><i>Yes</i>..... 6 (21%) <i>No</i>..... 23 (79%)</p> | | |
| Q8 | <p>What, if any, would you classify as your religious group?</p> <p><i>None</i> 5 (18%) <i>Church of England</i> 5 (18%) <i>Catholic</i> 9 (32%) <i>Protestant</i>..... 0 (0%) <i>Other Christian denomination</i>..... 1 (4%) <i>Buddhist</i> 0 (0%)</p> | | |

| | |
|-------------|---------|
| Hindu..... | 0 (0%) |
| Jewish..... | 2 (7%) |
| Muslim..... | 6 (21%) |
| Sikh..... | 0 (0%) |

| | | |
|-----------|--|----------|
| Q9 | How would you describe your sexual orientation? | |
| | <i>Straight/heterosexual</i> | 27 (90%) |
| | <i>Gay/lesbian/homosexual</i> | 2 (7%) |
| | <i>Bisexual</i> | 1 (3%) |

| | | |
|------------|---|----------|
| Q10 | Do you consider yourself to have a disability? | |
| | <i>Yes</i> | 8 (27%) |
| | <i>No</i> | 22 (73%) |
| | <i>Don't know</i> | 0 (0%) |

| | | |
|------------|--|----------|
| Q11 | Have you ever been held in police custody before? | |
| | <i>Yes</i> | 28 (90%) |
| | <i>No</i> | 3 (10%) |

Section 2: Your experience of this custody suite

| | | |
|------------|---|----------|
| Q12 | How long were you held at the police station? | |
| | <i>1 hour or less</i> | 0 (0%) |
| | <i>More than 1 hour, but less than 6 hours</i> | 3 (9%) |
| | <i>More than 6 hours, but less than 12 hours</i> | 2 (6%) |
| | <i>More than 12 hours, but less than 24 hours</i> | 10 (31%) |
| | <i>More than 24 hours, but less than 48 hours (2 days)</i> | 11 (34%) |
| | <i>More than 48 hours (2 days), but less than 72 hours (3 days)</i> | 5 (16%) |
| | <i>72 hours (3 days) or more</i> | 1 (3%) |

| | | |
|------------|---|----------|
| Q13 | Were you given information about your arrest and your entitlements when you arrived there? | |
| | <i>Yes</i> | 21 (68%) |
| | <i>No</i> | 7 (23%) |
| | <i>Don't know/can't remember</i> | 3 (10%) |

| | | |
|------------|---|----------|
| Q14 | Were you told about the Police and Criminal Evidence (PACE) codes of practice (the 'rule book')? | |
| | <i>Yes</i> | 14 (45%) |
| | <i>No</i> | 11 (35%) |
| | <i>I don't know what this is/I don't remember</i> | 6 (19%) |

| | | |
|------------|--|----------|
| Q15 | If your clothes were taken away, were you offered different clothing to wear? | |
| | <i>My clothes were not taken</i> | 17 (59%) |
| | <i>I was offered a tracksuit to wear</i> | 5 (17%) |
| | <i>I was offered an evidence suit to wear</i> | 2 (7%) |
| | <i>I was offered a blanket</i> | 5 (17%) |

| | | |
|------------|---|----------|
| Q16 | Could you use a toilet when you needed to? | |
| | <i>Yes</i> | 28 (88%) |
| | <i>No</i> | 3 (9%) |
| | <i>Don't Know</i> | 1 (3%) |

| | | | |
|------------|---|------------|-----------|
| Q17 | If you have used the toilet there, were these things provided? | | |
| | | <i>Yes</i> | <i>No</i> |
| | <i>Toilet paper</i> | 15 (52%) | 14 (48%) |
| | <i>Sanitary protection</i> | 1 (10%) | 9 (90%) |

| | | | | |
|-----|--|-------------|----------------|------------|
| Q18 | Did you share a cell at the police station? | | | |
| | Yes..... | | 2 (6%) | |
| | No..... | | 30 (94%) | |
| Q19 | How would you rate the condition of your cell: | | | |
| | | <i>Good</i> | <i>Neither</i> | <i>Bad</i> |
| | Cleanliness | 7 (23%) | 10 (32%) | 14 (45%) |
| | Ventilation/air quality | 7 (23%) | 7 (23%) | 17 (55%) |
| | Temperature | 8 (26%) | 4 (13%) | 19 (61%) |
| | Lighting | 11 (37%) | 8 (27%) | 11 (37%) |
| Q20 | Was there any graffiti in your cell when you arrived? | | | |
| | Yes..... | | 14 (47%) | |
| | No..... | | 16 (53%) | |
| Q21 | Did staff explain to you the correct use of the cell bell? | | | |
| | Yes..... | | 7 (22%) | |
| | No..... | | 25 (78%) | |
| Q22 | Were you held overnight? | | | |
| | Yes..... | | 28 (90%) | |
| | No..... | | 3 (10%) | |
| Q23 | If you were held overnight, which items of clean bedding were you given? | | | |
| | <i>Not held overnight</i> | | 3 (8%) | |
| | <i>Pillow</i> | | 6 (17%) | |
| | <i>Blanket</i> | | 19 (53%) | |
| | <i>Nothing</i> | | 8 (22%) | |
| Q24 | Were you offered a shower at the police station? | | | |
| | Yes..... | | 2 (6%) | |
| | No..... | | 30 (94%) | |
| Q25 | Were you offered any period of outside exercise while there? | | | |
| | Yes..... | | 1 (3%) | |
| | No..... | | 31 (97%) | |
| Q26 | Were you offered anything to: | | | |
| | | <i>Yes</i> | <i>No</i> | |
| | Eat? | 23 (72%) | 9 (28%) | |
| | Drink? | 24 (83%) | 5 (17%) | |
| Q27 | Was the food/drink you received suitable for your dietary requirements? | | | |
| | <i>I did not have any food or drink</i> | | 5 (16%) | |
| | Yes..... | | 16 (52%) | |
| | No..... | | 10 (32%) | |
| Q28 | If you smoke, were you offered anything to help you cope with the smoking ban there? | | | |
| | <i>I do not smoke</i> | | 3 (9%) | |
| | <i>I was allowed to smoke</i> | | 3 (9%) | |
| | <i>I was not offered anything to cope with not smoking</i> | | 24 (73%) | |
| | <i>I was offered nicotine gum</i> | | 1 (3%) | |
| | <i>I was offered nicotine patches</i> | | 1 (3%) | |
| | <i>I was offered nicotine lozenges</i> | | 1 (3%) | |

| | | | | |
|-----|--|------------|------------------|-------------------|
| Q29 | Were you offered anything to read? | | | |
| | Yes..... | 3 (9%) | | |
| | No..... | 29 (91%) | | |
| Q30 | Was someone informed of your arrest? | | | |
| | Yes..... | 13 (42%) | | |
| | No..... | 13 (42%) | | |
| | <i>I don't know</i> | 2 (6%) | | |
| | <i>I didn't want to inform anyone</i> | 3 (10%) | | |
| Q31 | Were you offered a free telephone call? | | | |
| | Yes..... | 21 (68%) | | |
| | No..... | 10 (32%) | | |
| Q32 | If you were denied a free phone call, was a reason for this offered? | | | |
| | <i>My telephone call was not denied</i> | 23 (77%) | | |
| | Yes..... | 1 (3%) | | |
| | No..... | 6 (20%) | | |
| Q33 | Did you have any concerns about the following, while you were in police custody? | | | |
| | | <i>Yes</i> | <i>No</i> | |
| | Who was taking care of your children | 4 (20%) | 16 (80%) | |
| | Contacting your partner, relative or friend | 15 (58%) | 11 (42%) | |
| | Contacting your employer | 4 (22%) | 14 (78%) | |
| | Where you were going once released | 5 (26%) | 14 (74%) | |
| Q34 | Were you interviewed by police officials about your case? | | | |
| | Yes..... | 29 (91%) | | |
| | No..... | 3 (9%) | If No, go to Q36 | |
| Q35 | Were any of the following people present when you were interviewed? | | | |
| | | <i>Yes</i> | <i>No</i> | <i>Not needed</i> |
| | Solicitor | 23 (79%) | 4 (14%) | 2 (7%) |
| | Appropriate adult | 1 (8%) | 5 (42%) | 6 (50%) |
| | Interpreter | 1 (8%) | 4 (31%) | 8 (62%) |
| Q36 | How long did you have to wait for your solicitor? | | | |
| | <i>I did not requested a solicitor</i> | 7 (25%) | | |
| | <i>2 hours or less</i> | 4 (14%) | | |
| | <i>Over 2 hours but less than 4 hours</i> | 3 (11%) | | |
| | <i>4 hours or more</i> | 14 (50%) | | |
| Q37 | Were you officially charged? | | | |
| | Yes..... | 28 (88%) | | |
| | No..... | 3 (9%) | | |
| | <i>Don't Know</i> | 1 (3%) | | |
| Q38 | How long were you in police custody <u>after</u> being charged? | | | |
| | <i>I have not been charged yet</i> | 3 (10%) | | |
| | <i>1 hour or less</i> | 1 (3%) | | |
| | <i>More than 1 hour, but less than 6 hours</i> | 7 (23%) | | |
| | <i>More than 6 hours, but less than 12 hours</i> | 6 (19%) | | |
| | <i>12 hours or more</i> | 14 (45%) | | |

Section 3: Safety

| | | | |
|-----|--|----------|--|
| Q40 | Did you feel safe there? | | |
| | Yes..... | 17 (57%) | |
| | No..... | 13 (43%) | |
| Q41 | Had another detainee or a member of staff victimised (insulted or assaulted) you there? | | |
| | Yes..... | 13 (43%) | |
| | No..... | 17 (57%) | |
| Q42 | If you have felt victimised, what did the incident involve? (Please tick all that apply to you.) | | |
| | <i>I have not been victimised</i> | 17 (40%) | <i>Because of your crime</i> 3 (7%) |
| | <i>Insulting remarks (about you, your family or friends)</i> | 5 (12%) | <i>Because of your sexuality</i> 1 (2%) |
| | <i>Physical abuse (being hit, kicked or assaulted)</i> | 6 (14%) | <i>Because you have a disability</i> 1 (2%) |
| | <i>Sexual abuse</i> | 1 (2%) | <i>Because of your religion/religious beliefs</i> 0 (0%) |
| | <i>Your race or ethnic origin</i> | 2 (5%) | <i>Because you are from a different part of the country than others</i> 2 (5%) |
| | <i>Drugs</i> | 4 (10%) | |
| Q43 | Were you handcuffed or restrained while in the police custody suite? | | |
| | Yes..... | 10 (32%) | |
| | No..... | 21 (68%) | |
| Q44 | Were you injured while in police custody, in a way that you feel was not your fault? | | |
| | Yes..... | 7 (23%) | |
| | No..... | 23 (77%) | |
| Q45 | Were you told how to make a complaint about your treatment here if you needed to? | | |
| | Yes..... | 3 (10%) | |
| | No..... | 28 (90%) | |

Section 4: Health care

| | | | |
|-----|--|----------|-----------|
| Q47 | When you were in police custody were you on any medication? | | |
| | Yes..... | 12 (39%) | |
| | No..... | 19 (61%) | |
| Q48 | Were you able to continue taking your medication while there? | | |
| | <i>Not taking medication</i> | 19 (61%) | |
| | Yes..... | 5 (16%) | |
| | No..... | 7 (23%) | |
| Q49 | Did someone explain your entitlements to see a health care professional, if you needed to? | | |
| | Yes..... | 7 (23%) | |
| | No..... | 19 (61%) | |
| | <i>Don't know</i> | 5 (16%) | |
| Q50 | Were you seen by the following health care professionals during your time there? | | |
| | | Yes | No |
| | Doctor | 15 (50%) | 15 (50%) |
| | Nurse | 2 (11%) | 17 (89%) |
| | Paramedic | 1 (6%) | 17 (94%) |
| | Psychiatrist | 0 (0%) | 17 (100%) |

| | | | | | | | |
|-----|--|-------------------------------------|------------------|-------------|----------------|------------|-----------------|
| Q51 | Were you able to see a health care professional of your own gender? | | | | | | |
| | Yes..... | | | | | 6 (24%) | |
| | No..... | | | | | 11 (44%) | |
| | Don't know | | | | | 8 (32%) | |
| Q52 | Did you have any drug or alcohol problems? | | | | | | |
| | Yes..... | | | | | 15 (48%) | |
| | No..... | | | | | 16 (52%) | |
| Q53 | Did you see, or were offered the chance to see a drug or alcohol support worker? | | | | | | |
| | <i>I didn't have any drug/alcohol problems</i> | | | | | 16 (53%) | |
| | Yes..... | | | | | 9 (30%) | |
| | No..... | | | | | 5 (17%) | |
| Q54 | Were you offered relief or medication for your immediate symptoms? | | | | | | |
| | <i>I didn't have any drug/alcohol problems</i> | | | | | 16 (52%) | |
| | Yes..... | | | | | 4 (13%) | |
| | No..... | | | | | 11 (35%) | |
| Q55 | Please rate the quality of your health care while in police custody: | | | | | | |
| | | I was not seen by health care | <i>Very good</i> | <i>Good</i> | <i>Neither</i> | <i>Bad</i> | <i>Very bad</i> |
| | Quality of health care | 15 (48%) | 1 (3%) | 4 (13%) | 5 (16%) | 1 (3%) | 5 (16%) |
| Q56 | Did you have any specific <u>physical</u> health care needs? | | | | | | |
| | No..... | | | | | 20 (69%) | |
| | Yes..... | | | | | 9 (31%) | |
| Q57 | Did you have any specific <u>mental</u> health care needs? | | | | | | |
| | No..... | | | | | 22 (76%) | |
| | Yes..... | | | | | 7 (24%) | |



Prisoner survey responses for Kensington and Chelsea police 2010

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

Key to tables

| Key to tables | | K&C police | Police custody comparator |
|---|---|------------|---------------------------|
| | Any percent highlighted in green is significantly better | | |
| | Any percent highlighted in blue is significantly worse | | |
| | Any percent highlighted in orange shows a significant difference in prisoners' background details | | |
| | Percentages which are not highlighted show there is no significant difference | | |
| Number of completed questionnaires returned | | 32 | 931 |
| SECTION 1: General information | | | |
| 2 | Are you a police detainee? | 94% | 89% |
| 3 | Are you under 21 years of age? | 0% | 9% |
| 4 | Are you transgender/transsexual? | 0% | 1% |
| 5 | Are you from a minority ethnic group (including all those who did not tick White British, White Irish or White other categories)? | 42% | 35% |
| 6 | Are you a foreign national? | 20% | 16% |
| 7 | Are you Muslim? | 21% | 12% |
| 8 | Are you homosexual/gay or bisexual? | 11% | 2% |
| 9 | Do you consider yourself to have a disability? | 26% | 19% |
| 10 | Have you been in police custody before? | 90% | 90% |
| SECTION 2: Your experience of this custody suite | | | |
| For the most recent journey you have made either to or from court or between prisons: | | | |
| 11 | Were you held at the police station for over 24 hours? | 54% | 65% |
| 12 | Were you given information about your arrest and entitlements when you arrived? | 67% | 73% |
| 13 | Were you told about PACE? | 45% | 51% |
| 14 | If your clothes were taken away, were you given a tracksuit to wear? | 42% | 45% |
| 15 | Could you use a toilet when you needed to? | 88% | 90% |
| 16 | If you did use the toilet, was toilet paper provided? | 51% | 51% |
| 17 | Did you share a cell at the station? | 6% | 3% |
| 18 | Would you rate the condition of your cell as 'good' for: | | |
| 18a | Cleanliness? | 23% | 30% |
| 18b | Ventilation/air quality? | 23% | 20% |
| 18c | Temperature? | 25% | 14% |
| 18d | Lighting? | 36% | 43% |
| 19 | Was there any graffiti in your cell when you arrived? | 47% | 56% |
| 20 | Did staff explain the correct use of the cell bell? | 22% | 22% |
| 21 | Were you held overnight? | 90% | 91% |
| 22 | If you were held overnight, were you given no clean items of bedding? | 25% | 31% |
| 23 | Were you offered a shower? | 6% | 9% |
| 24 | Were you offered a period of outside exercise? | 4% | 6% |
| 25a | Were you offered anything to eat? | 72% | 79% |
| 25b | Were you offered anything to drink? | 82% | 81% |
| 26 | Was the food/drink you received suitable for your dietary requirements? | 61% | 44% |
| 27 | For those who smoke: were you offered nothing to help you cope with the ban there? | 80% | 77% |
| 28 | Were you offered anything to read? | 10% | 13% |
| 29 | Was someone informed of your arrest? | 42% | 44% |
| 30 | Were you offered a free telephone call? | 67% | 52% |

Key to tables

| | | K&C police | Police custody comparator |
|---|---|------------|---------------------------|
| | Any percent highlighted in green is significantly better | | |
| | Any percent highlighted in blue is significantly worse | | |
| | Any percent highlighted in orange shows a significant difference in prisoners' background details | | |
| | Percentages which are not highlighted show there is no significant difference | | |
| 31 | If you were denied a free call, was a reason given? | 18% | 14% |
| 32 | Did you have any concerns about: | | |
| 32a | Who was taking care of your children? | 19% | 16% |
| 32b | Contacting your partner, relative or friend? | 58% | 52% |
| 32c | Contacting your employer? | 21% | 21% |
| 32d | Where you were going once released? | 27% | 32% |
| 34 | If you were interviewed were the following people present: | | |
| 34a | Solicitor | 80% | 73% |
| 34b | Appropriate adult | 11% | 8% |
| 34c | Interpreter | 10% | 7% |
| 35 | Did you wait over four hours for your solicitor? | 67% | 65% |
| 37 | Were you held 12 hours or more in custody after being charged? | 50% | 62% |
| SECTION 3: Safety | | | |
| 39 | Did you feel unsafe? | 43% | 41% |
| 40 | Has another detainee or a member of staff victimised you? | 43% | 42% |
| 41 | If you have felt victimised, what did the incident involve? | | |
| 41a | Insulting remarks (about you, your family or friends) | 17% | 22% |
| 41b | Physical abuse (being hit, kicked or assaulted) | 20% | 14% |
| 41c | Sexual abuse | 4% | 2% |
| 41d | Your race or ethnic origin | 6% | 6% |
| 41e | Drugs | 13% | 15% |
| 41f | Because of your crime | 11% | 17% |
| 41g | Because of your sexuality | 4% | 1% |
| 41h | Because you have a disability | 4% | 3% |
| 41i | Because of your religion/religious beliefs | 0% | 3% |
| 41j | Because you are from a different part of the country than others | 6% | 5% |
| 42 | Were you handcuffed or restrained while in the police custody suite? | 33% | 48% |
| 43 | Were you injured while in police custody, in a way that you feel is not your fault? | 23% | 26% |
| 44 | Were you told how to make a complaint about your treatment? | 10% | 13% |
| SECTION 4: Health care | | | |
| 46 | Were you on any medication? | 39% | 44% |
| 47 | For those who were on medication: were you able to continue taking your medication? | 42% | 38% |
| 48 | Did someone explain your entitlement to see a health care professional, if you needed to? | 23% | 35% |
| 49 | Were you seen by the following health care professionals during your time in police custody? | | |
| 49a | Doctor | 50% | 50% |
| 49b | Nurse | 10% | 14% |
| 49c | Paramedic | 7% | 5% |
| 49d | Psychiatrist | 0% | 4% |
| 50 | Were you able to see a health care professional of your own gender? | 23% | 29% |
| 51 | Did you have any drug or alcohol problems? | 48% | 54% |
| For those who had drug or alcohol problems: | | | |
| 52 | Did you see, or were offered the chance to see a drug or alcohol support worker? | 64% | 40% |
| 53 | Were you offered relief medication for your immediate symptoms? | 26% | 32% |
| 54 | For those who had been seen by health care, would you rate the quality as good/very good? | 32% | 28% |
| 55 | Do you have any specific physical health care needs? | 31% | 33% |
| 56 | Do you have any specific mental health care needs? | 24% | 24% |