Inspecting policing
in the **public interest**

Report on an unannounced inspection visit to police custody suites in Norfolk and Suffolk

16–20 April 2012

by

HM Inspectorate of Prisons and

HM Inspectorate of Constabulary

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1. Introduction

This report is one in a series relating to inspections of police custody carried out jointly by HM Inspectorates of Prisons and Constabulary. These inspections form part of the joint work programme of the criminal justice inspectorates and contribute to the UK's response to its international obligations under the Optional Protocol to the UN Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT). OPCAT requires that all places of detention are visited regularly by independent bodies – known as the National Preventive Mechanism (NPM) – which monitor the treatment of and conditions for detainees. HM Inspectorates of Prisons and Constabulary are two of several bodies making up the NPM in the UK.

The inspections of police custody 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* 2011 (SDHP) at force-wide strategies, treatment and conditions, individual rights and health care. They are also informed by a set of *Expectations for Police Custody*[1] about the appropriate treatment of detainees and conditions of detention, developed by the two inspectorates to assist best custodial practice.

This unannounced inspection looked at the six custody suites operated jointly by Norfolk and Suffolk Police. This initiative, in which all the previous suites had been decommissioned and six new police investigation centres (PICs) built, had been completed a few months previously and it had been strikingly successful.

The strategic framework was robust, and was due to be completed by the regularising of a single ACPO lead for custody across the two forces. There was good communication and collaboration upwards and downwards, and between the different PICs, although internal user involvement could be developed.

The design and facilities management arrangements were excellent, the PICs had the right capacity, and staff and detainees alike benefited from the clean, bright, spacious environment. However, good buildings do not guarantee a good service. Strong and consistent management, with a sustained attention to detail, to quality assurance, to effective handovers and to individual staff roles, had ensured a remarkable degree of consistency and uniformity in the custody processes, and consequently in custody outcomes. Staff felt a real pride and ownership in the whole PIC system – this was exemplified in the fact that even those PICs which had been in use for many months looked as good as new.

Staff in all PICs were calm and in control of their suites, and were also thorough and proactive in good risk assessment and risk management. Provision for minority groups was appropriate. Detention was not overused, and the close working with the co-located investigation units enabled it to be used efficiently. We had one or two queries about overnight arrangements – detention reviews and the availability of appropriate adults.

Health care provision was of a good standard, with a tightly drawn contract. This area revealed a few more problems than other aspects of custody, with some delays in attendance and some issues in infection control and secondary prescribing. Management of section 136 cases was good on the police side.

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

Overall, we recognise that the Norfolk and Suffolk joint custody programme now sets a benchmark for the quality both of custody provision and of thoroughly planned and executed joint working. This report provides a small number of recommendations to assist the forces and the Police Authorities to improve provision further. We expect our findings to be considered in the wider context of priorities and resourcing, and for an action plan to be provided in due course.

Sir Denis O'Connor	**Nick Hardwick**
HM Chief Inspector of Constabulary	**HM Chief Inspector of Prisons**
June 2012	

2. Background and key findings

2.1 There were six full-time designated custody suites in Norfolk and Suffolk, referred to as police investigation centres (PICs), with a total cell capacity of 146. There were no standby facilities, since sufficient capacity was built into the current estate. All custody suites were visited during the inspection.

2.2 The designated custody suites and cell capacity of each were as follows:

Custody suite	Number of cells
Aylsham (Norfolk)	8
Bury St Edmunds (Suffolk)	24
Great Yarmouth (Norfolk)	30
King's Lynn (Norfolk)	24
Martlesham (Suffolk)	30
Wymondham (Norfolk)	30
Total	**146**

2.3 A survey of prisoners at HMP Norwich who had formerly been detained in the Norfolk and Suffolk custody suites was conducted by an HM Inspectorate of Prisons researcher and inspector (see Appendix II).[2]

Strategy

2.4 Under the terms of a joint custody command collaborative agreement, the Norfolk and Suffolk forces had established a fully shared custody function, delivered through six new PICs. The King's Lynn PIC also served the Cambridgeshire Constabulary area, and included Cambridgeshire officers in its staff group. There were appropriate joint governance structures

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

(with regular strategic meetings at senior level), which were due to be completed by the identification of a single assistant chief police officer lead.

2.5 The new system – completed towards the end of 2011 with the replacement and closure of all previous custody facilities – was managed actively and effectively, and had achieved a remarkable consistency and uniformity of standards and service; in practice, there were no significant distinctions between the PICs in the two force areas. There was also a 'smarter working' approach, which defined clearly the operational role of every team member. There was good communication, and an excellent custody bulletin was issued regularly, although not all team members felt that their voice was heard.

2.6 The arrangements provided adequate capacity and there were sufficient staff, appropriately trained and flexibly deployed. Quality assurance processes were thorough and robust.

Treatment and conditions

2.7 Staff were uniformly courteous and considerate towards detainees, addressing them by name and taking care to explain matters clearly. They were calm and in control of the whole custody suite at all times. The design of the PICs had taken account of the need for privacy. Women were treated appropriately. There was reasonable provision for people with disabilities, and the main faith groups were provided for.

2.8 There was a good standard of risk assessment, with care plans kept up to date as circumstances changed. Observations and rousing were carried out well, supported by closed-circuit television (CCTV) in all cells and life signs monitoring in some. Staff handovers were well organised and effective. Good support was given to those needing help on release. There was no evidence of overuse of force or of strip-searching but there was insufficient recording of these actions.

2.9 The physical environment was spacious and well furnished and equipped, with plenty of natural light and immaculately clean. Risk of self-harm was minimised through good cell design and regular health and safety checks.

2.10 Food and drink, bedding, showers, exercise and other aspects of detainee care were well catered for. Visits were permitted when necessary.

Individual rights

2.11 Detention was authorised appropriately and declined when it was not necessary; there was effective liaison with the co-located investigation units to support efficient use of custody. Reviews were normally held at the appropriate time; some were brought forward, often for an appropriate reason. Staff were aware of alternatives to custody, especially through restorative justice measures and an extended professional judgement scheme.

2.12 There were effective arrangements for the provision of appropriate adults (AAs) in both Norfolk and Suffolk, although they were generally not available at night. Telephone interpreting services were well used but with insufficient privacy when used to support the booking-in process.

2.13 Court timings were reasonable but police transport was sometimes necessary in the absence of the escort contractor. Detainees were generally discouraged from making a formal complaint in the PIC, although issues raised verbally were addressed by custody managers.

Health care

2.14 The contract was tightly drawn and well managed; occasionally there were long waits for the forensic medical examiner to attend. Medicine stocks were kept low and were properly accounted for, with good storage arrangements. There was some improper secondary prescribing.

2.15 There was ample space in medical rooms, which were well equipped but did not meet all infection control standards. Patient care was good. Drug workers provided a good low-intensity service but methadone therapy was not available and those with alcohol problems, and juveniles, were signposted to other services.

2.16 A single mental health provider covered both counties, with good response times during office hours. Effective mental health awareness training was available for staff. The number of detainees held under section 136 of the Mental Health Act 1983[3] had dropped since the introduction of the PICs, and NHS suites were available for this purpose in both counties, although optimum use was not always made of them.

National issues

2.17 **Appropriate adults should be available to support without undue delay juveniles aged 17 in custody, including out of hours.**[4]

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

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

3. Strategy

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

Strategic management

3.1 There was a centralised collaborative custody arrangement for Norfolk and Suffolk Constabularies which formed part of the joint justice command collaborative agreement, under section 23 of the Police Act 1996. There was clear evidence of effective strategic leadership and planning of custody provision, with senior managers at ACPO level from both forces providing a clear and corporate strategic overview. It had recently been decided to appoint a single designated ACPO lead for the collaborative justice function, as part of the ongoing collaboration development. Custody was managed by the Justice Services command, led by a jointly appointed chief superintendent. The head of custody services, a jointly appointed chief inspector, had day-to-day responsibility for custody provision and policy.

3.2 There was a clear estates strategy. The PICs were new buildings, opened incrementally between February and November 2011, and were virtually identical in specification, with the exception of cell capacity. The estate was managed by Reliance under a 35-year private finance initiative (PFI) agreement.

3.3 A joint police authority structure for collaboration had been established between Norfolk and Suffolk. Police Authority (PA) leads for custody for Norfolk and Suffolk were well engaged with the collaboration programme, estates strategy and custody issues.

3.4 Staffing levels in custody suites were good, with permanent custody sergeants. There was sufficient capacity in the permanent team to meet 90% of demand, with back-up from a cadre of trained operational sergeants and constables. Custody sergeants line-managed and were supported by permanent civilian detention officers (DOs), employed by both forces. DOs looked after the ongoing care and welfare of detainees and assisted custody officers by inputting arrest and detainee details onto the national strategy for police information systems (NSPIS) custody computer system. As part of the collaboration arrangements, custody staff were deployable across the custody estate.

3.5 Each PIC had a dedicated custody inspector responsible for local management and line-management of the custody sergeants. There was a bronze custody inspector role incorporated into the rota, providing cell management across the estate between 7am and midnight (1am at weekends). Custody inspectors were line-managed by the head of custody services.

3.6 Standard operating procedures (SOPs) were in place across the custody function, providing clarity of role and consistency in the provision of custody services. These procedures were universally referred to as 'smarter working principles' by staff. One sergeant undertook the role of 'suite supervisor' and took primacy in managing the suite, while the 'processing sergeant' was responsible for supervising investigations, processes and disposals from custody. DOs had dedicated roles which included administration, assistance at the custody desk and cell visits, with specific duties dependent on the shift that was being worked.

3.7 There was a comprehensive meeting structure at the strategic and management level for the custody function. This included a monthly joint chief officer group, where strategic decisions were agreed for custody. The head of Justice Services reported to the joint chief officer group and held a weekly command conference call with the Justice Services senior management team (SMT). A formal Justice Services SMT was held every six weeks. The head of custody chaired a monthly management meeting with custody inspectors, independent custody visitor (ICV) scheme administrators and relevant departmental representatives. This meeting reviewed relevant custody performance management information. There was, however, no forum where custody practitioners, such as custody sergeants and DOs, could discuss custody issues.

3.8 Both forces had a comprehensive joint custody policy, accessible to all staff through the collaboration portal on the intranet. This was managed by the custody services department and used as a central repository containing custody-related information, including policies, SOPs and the custody deployment plan. Independent Police Complaints Commission (IPCC) 'learning the lessons' bulletins were reviewed by the head of custody, and custody-specific issues were disseminated via a regular custody bulletin, although not all staff were aware of these issues.

3.9 There was a good centrally managed process for recording adverse incidents in custody, with data collated and reviewed daily. Adverse incidents were recorded on the 'safer detention' form and passed to the custody inspector, then to the head of custody services. All adverse incidents were recorded on a spreadsheet, enabling ease of reference, monitoring of progress, resolution and organisational learning.

3.10 There were comprehensive quality assurance checks by custody inspectors, who carried out regular dip-sampling of custody records. The checks followed a set checklist provided by custody services and included juveniles and vulnerable detainees. Rousing checks (see section on treatment and conditions) were cross-referenced to CCTV sampling, and person escort forms were included in the process. Every third month, custody inspectors undertook quality assurance checks at a different PIC. Custody managers also dip-sampled recordings of shift handovers. The process was structured, recorded and auditable, with clear outcomes, feedback to staff and learning development where appropriate.

3.11 A comprehensive audit and inspection programme was carried out every three months by the head of custody, which was linked to our expectations for police custody. A report was produced following each inspection, with each PIC given a score against each of the four key areas in the custody inspection methodology, and reports concluded with actions. The audit and inspection process evolved after each inspection; the latest inspections had reviewed the custody SOPs to ensure that they were still fit for purpose. These inspections were carried out by two people and were not resource intensive.

Housekeeping points

3.12 A forum should be introduced, where custody practitioners and managers can discuss custody issues.

3.13 Staff should be made aware of where to find the custody bulletin, and its relevance to their practice/work.

Good practice

3.14 *Norfolk and Suffolk Constabularies shared a clear strategic vision with regard to collaborating on the provision of custody services.*

3.15 *The implementation and application of the standard operating procedures by managers provided clarity of role and consistency in the provision of custody services.*

3.16 *The quality assurance processes were comprehensive and well structured, particularly in regard to cross-referencing rousing in custody records to closed-circuit television dip-sampling, and also the dip-sampling by custody inspectors of the custody records of other PICs.*

3.17 *The audit and inspection programme ensured that consistency of custody provision was achieved and maintained at a high level.*

Partnerships

3.18 Partnership arrangements were good, and there was active engagement with relevant criminal justice and health partners. The Chief Constable of Suffolk chaired the Local Criminal Justice Children Board, which was also attended by the Justice Services chief superintendent. The Assistant Chief Constable (ACC) lead for custody for Norfolk deputised as chair in the absence of the Chief Constable and also sat on the Norfolk and Suffolk Joint Mental Health Trust Board of Governors. The head of Justice Services attended a monthly operational meeting with criminal justice partners.

3.19 There were police authority ICV scheme administrators for Norfolk and Suffolk. During the collaboration process, PA leads and administrators had to manage the reduction in ICV panels from seven to six. The six panels were aligned to the six PICs. Independent custody visiting was seen as an important independent oversight mechanism. ICVs said that they were generally admitted to custody centres quickly and were provided with individual access cards to the reception areas. The PA held six monthly meetings for panel coordinators, with the head of custody in attendance.

Learning and development

3.20 Training for custody staff was good and incorporated course attendance and a period of shadowing. DOs were also required to complete a competency-based portfolio.

3.21 All custody staff had received role-specific training before working in custody, including first-aid and personal safety training. The content was based on the National Police Improvement Agency's (NPIA) national custody officers learning programme, including PACE legal responsibilities, the codes of practice and the NPIA's guidance on safer detention. All staff received one-day annual custody refresher training. All custody staff underwent a one-week induction programme before the opening of the PICs.

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 Staff interactions with detainees were polite and considerate, with staff addressing detainees by their first names or title and surname as appropriate. In one instance we observed, a detainee become abusive towards the arresting officer. The custody sergeant encouraged him to calm down, and staff continued the booking-in process calmly and politely, defusing the situation. DOs demonstrated a good degree of care for the welfare of detainees, and detainees told us that staff had treated them well throughout their time in the custody suite.

4.2 The booking-in areas at all the suites were spacious and well screened, allowing for privacy. Processes were generally carried out quickly. All the PICs, with the exception of Aylsham, had a separate, lower-level booking-in desk that offered greater privacy and could be used for processing vulnerable detainees and those with disabilities. At Bury St Edmunds we observed immigration detainees being booked in at these desks, as it afforded more privacy when using the telephone interpreter (see section on individual rights).

4.3 The force had a good, detailed policy outlining the issues facing women, young people and others in custody. All women being booked in were asked if they wished to speak to a female member of staff and we observed a 17-year-old female being allocated a nominated female officer. In our analysis of 30 custody records, all six of the female detainees in the sample had been offered the chance to speak to a female member of staff, with only one accepting this offer.

4.4 We were told at Wymondham that juveniles were sometimes allowed to wait with their appropriate adult in a consultation room, instead of being placed in a cell. There were no designated cells for juveniles but those that staff were concerned about were placed in a cell with a transparent door, so that they could be easily observed outside of cell visits when custody staff were passing through the cell blocks.

4.5 All suites had three or four cells adapted for detainees with disabilities, including lowered cell call bells and a hearing loop. All the cells had low bed plinths and we saw detainees with disabilities struggling to sit comfortably. At King's Lynn, staff provided extra mattresses to a detainee using a wheelchair, to build up the height of the bed plinth, but this did not sufficiently meet his needs. At Bury St Edmunds, staff provided a chair to a female detainee on crutches during the booking-in process, and allowed her to have a chair in her cell. There was a toilet and shower for those with disabilities in each booking-in area.

4.6 All custody suites had a prayer box containing a good stock of holy books (the Bible, Qur'an and Torah), catering for a range of languages, as well as prayer mats and compasses. A number of other books in a variety of Eastern European languages was also available. All were stored respectfully. However, at King's Lynn the prayer mat could not be found. At all suites, the direction of Mecca (Qibla) was indicated on the ceiling of each cell, although staff were unclear about which direction was being indicated.

4.7 Staff at most of the suites were aware of the particular needs of transgender detainees in relation to searching. We observed a transgender detainee answering bail at Aylsham. The detainee was asked which gender of officer she wished to be searched by and arrangements were made to facilitate this request.

Recommendation

4.8 **Provisions for ensuring that detainees with mobility problems can sit or lie down comfortably in the cells should be improved.**

Housekeeping point

4.9 Staff should be briefed on how to help Muslim detainees reliably determine the direction of Mecca if they want to pray.

Safety

4.10 The PICs had entrances into the suite from the vehicle dock. Two entrances led directly to the booking-in desk area and another led into a decontamination room. The final entrance led directly into the cell corridor and this was used on occasions when a detainee was fractious. In the latter instance, staff at the suite would be made aware that such a detainee was en-route, allowing the custody sergeant the opportunity to meet the vehicle on arrival to establish how the risk assessment process could be facilitated.

4.11 DOs undertook some booking-in of detainees, including the risk assessment. At Aylsham, due to the limited staffing levels in the suite (one sergeant and one DO), the booking-in process was carried out by a custody sergeant. Custody sergeants told us that they oversaw DOs undertaking the risk assessment and approved the assessment if adequate, although at King's Lynn we saw a DO carry out the risk assessment without close supervision by the custody sergeant. In all other respects, the standard of risk assessment was excellent. Staff followed the NSPIS script but also asked comprehensive supplementary questions about health and emotional well being, especially when there were indications of self-harm. Our custody record analysis confirmed that risk assessments were clear, considered and contained helpful information which was taken into consideration to produce care plans. Appropriate observations were applied and reviewed when necessary.

4.12 Staff were aware of the need to elicit a response when undertaking rousing checks, and a magnetic 'R' sign was applied to the relevant cell door as an additional reminder. At Wymondham, once in each shift, the support sergeant accompanied the DO assigned to cell duties on cell visits, to check on how well this process was carried out, including monitoring how the DO roused detainees. This allowed real-time learning to take place if the sergeant was concerned about the quality of these checks. 'Life sign' monitors were available in at least two cells in every suite (only two at Aylsham), and staff were aware of the need to locate detainees in these cells.

4.13 Custody staff told us that they routinely breathalysed intoxicated detainees, with their consent. If they registered 150 μg alcohol or higher, the detainee was automatically referred to hospital, rather than being kept in police custody. The arbitrary cut-off level did not take account of individual risk factors and was not best practice.

4.14 Most staff carried anti-ligature knives, with the exception of some Suffolk police officers working as detention officers, who had not all been issued with them. Some staff admitted that they misused these knives to cut cords from detainees' clothing during booking-in. Anti-ligature shears were also available in the booking-in areas, except at Wymondham. There were good stocks of anti-rip clothing and blankets at King's Lynn, Wymondham, Aylsham and Great Yarmouth.

4.15 All cells and communal areas in the custody suites were monitored by CCTV, which included an audio capability; however, DOs were still conscientious in carrying out their visits to detainees and recording these on the appropriate custody records. Cells were checked after each occupation to identify whether any unauthorised items had been left behind or any damage had been inflicted.

4.16 Shift patterns had been altered to allow time for staff handovers at the start of each shift. The handover arrangements we observed were appropriately conducted away from the booking-in area. The custody sergeants prepared handover notes which were thorough and prepared in consultation with team colleagues, and were constantly updated throughout the shift. The handovers were video- and audio-recorded and generally included all staff working in the suite. Each detainee held was discussed in detail. Following the handover, as a minimum the outgoing and incoming sergeant at Wymondham and King's Lynn, and the DO on cell duties, visited all the cells to familiarise and introduce themselves to the detainees present. At Aylsham, the handover took place from sergeant to sergeant.

4.17 Pre-release risk assessment planning was mainly good. The custody record system incorporated a pre-release risk assessment form which prompted the person releasing a detainee to consider a number of potential issues. We observed custody staff carefully explaining potential sources of help, on release, to detainees with addiction problems. A leaflet of contact details for local agencies was given out to detainees but this was available only in English. The forces recognised that the PICs were not in central urban areas and, owing to the reduction in the number of suites, detainees could often be detained a long distance from where they lived. Bus tickets and travel warrants were available and we saw custody staff arranging for police officers to take vulnerable detainees home by car. Custody sergeants were conversant with local arrangements for passing information about vulnerable detainees to social services.

Recommendation

4.18 **Detainees who are intoxicated should not be routinely breathalysed. In such cases a risk assessment should be conducted and an appropriate care plan put in place.**

Housekeeping points

4.19 All staff should carry anti-ligature knives and these should be used only in an emergency, and anti-ligature shears should be available at all times.

4.20 The leaflet containing contact details for local agencies should be available in a range of languages.

Good practice

4.21 *Handovers were conducted away from the booking-in area, were well prepared, managed and effective, and involved all relevant custody staff.*

Use of force

4.22 In our detainee survey, 79% of respondents said that their handcuffs had been removed on arrival at the custody suite, which was in line with the comparator. Most police officers we spoke to told us that they would only use handcuffs when it was proportionate and necessary, and many detainees were not handcuffed on arrival into custody. At Martlesham and Bury St Edmunds, however, most of the detainees we observed being brought into custody were in handcuffs and were not released from them until they had been brought before the custody sergeant.

4.23 Not all staff were aware of the existence of a use of force form or the circumstances in which it should be submitted. Data about use of force in custody were not collated at a local or force-wide level but we were told that they were used to update personal safety training. All staff had been trained in approved personal safety techniques and received annual refresher training.

4.24 Custody staff demonstrated good knowledge of de-escalation methods. We saw no strip-searching taking place, and there was none recorded in the custody records we scrutinised. Staff told us that the need to strip-search a detainee formed part of the risk assessment process. The force did not collect data about strip-searching. Rooms used for strip-searching had CCTV coverage that in normal use obscured the images recorded, but the picture could be electronically reinstated by a senior officer if required.

Recommendation

4.25 **Norfolk and Suffolk police service should collate and analyse data on strip-searching, and on use of force in accordance with the Association of Chief Police Officers' policy and National Policing Improvement Agency guidance.**

Housekeeping point

4.26 There should be a proportionate approach to applying and removing handcuffs at Martlesham and Bury St Edmunds.

Physical conditions

4.27 The condition of the custody estate was excellent. The six PICs were all relatively new builds, the first having been opened in February 2011. The cells and communal areas were bright and spotlessly clean. There were no ligature points in any of the cells.

4.28 Full-time cleaners were employed and cells were marked as out-of-use after detainees had vacated them, until they were cleaned. This ensured that every cell in the PIC was cleaned at least once in a 24-hour period. In the event that a cleaner was not on duty (that is, outside core hours), DOs were issued with a disinfectant spray for wiping down mattresses in between uses if required. In our survey, more respondents than at comparator police custody suites rated the cleanliness, temperature and ventilation of their cell as good. The forces operated a 'zero

tolerance' approach to graffiti, with detainees being charged in the event of any damage being identified.

4.29 DOs carried out a daily check of all detainee areas, and a bimonthly audit was completed by health and safety staff, resulting in action plans being put in place for each PIC. Reliance, the PFI provider, conducted its own maintenance checks and staff reported that any issues identified by custody staff or Reliance were attended to immediately. The Chief Inspector, Criminal Justice Department conducted quarterly health and safety checks and attended the joint health and safety meeting, chaired by the Deputy Chief Constable, where custody issues could be raised and dealt with.

4.30 Cell call bells operated through an intercom system, which was also available for putting telephone calls through to detainees in their cells. The use of cell call bells was explained to detainees when they were located in the cell. We observed staff responding promptly to call bells, and this was confirmed by the detainees we spoke to.

4.31 There was a fire evacuation policy. However, fire drills had only been undertaken at Bury St Edmunds and Wymondham. We were told about, and viewed, a training DVD which had recently been produced for circulation to all custody staff, to heighten awareness about fire evacuation procedures. There was a 'fire evacuation' box in all suites, containing a sufficient number of temporary handcuffs and fire marshal equipment. All staff knew the procedure in the event of a fire alarm. Smoking was not allowed in the custody suites or exercise areas.

Housekeeping point

4.32 Fire evacuation drills should be carried out and records kept in all custody suites.

Good practice

4.33 *Staff took cells out of use once they had been vacated, until they were cleaned, ensuring that every cell in a PIC was cleaned at least once in a 24-hour period.*

Detainee care

4.34 All cells contained a mattress and a pillow, and detainees were given a clean blanket. All cells had natural light, a toilet, hand-washing facilities and drinking water. There was also evidence in the custody record analysis that detainees were given extra blankets when requested. There was a clear laundering process and there were always sufficient stocks of blankets to meet detainee needs. Toilet paper was available only on request. The view of the toilet area was obscured on the CCTV images of the cells. Hygiene packs for female detainees were available but not routinely offered. There were good stocks of towels, toothpaste, razors and soap.

4.35 There were showers that were clearly in regular use but they were poorly screened, affording little privacy. In our survey, 31% of respondents, against the 8% comparator, said that they had been offered a shower. A shower curtain had been fitted across the top of a partition door, to allow women to use the shower in privacy, but this solution had created a potential hazard, as the shower curtain now screened door hinges, which could have been used as ligature points.

4.36 There were good stocks of replacement clothing, including jogging bottoms, sweatshirts, T-shirts and plimsolls. In our survey, 69% of respondents who had had their clothing removed said that they had been given a tracksuit to wear, against the 30% comparator. At Aylsham,

there was no underwear for either men or women, and, although there were stocks of clothing and rip-proof clothing available there, none of it was in small sizes.

4.37 All detainees were asked about their dietary requirements on booking-in. They were offered cereals for breakfast and microwave meals and soups thereafter, at recognised mealtimes; however, some staff indicated that these would be made available outside these times if there was an obvious need, and we observed this happening. Vegetarian and halal options were available. Our custody record analysis showed that staff made efforts to meet the dietary preferences of detainees whenever it was feasible. All food was in date, and stored and handled hygienically. Hot drinks and squash were offered regularly.

4.38 Exercise was available at all suites, which had good exercise yards, monitored by CCTV. However, one detainee told us that he did not know that he could take exercise, and only one detainee in our custody record analysis had been offered it. At Aylsham, staff told us that the exercise yard was used mainly on request, as they rarely, if ever, offered exercise.

4.39 There was an excellent stock of reading materials at all the custody suites. This included books and magazines in languages other than English and, particularly at King's Lynn, some that were suitable for young people and those with limited literacy, although there was nothing available in easy-read format in any of the suites. However, none of the detainees we spoke to at King's Lynn had been offered anything to read, whereas at Wymondham and Great Yarmouth reading materials were offered proactively.

4.40 All suites had a closed visits area and we were told that visits were occasionally allowed, particularly for young people, those likely to be going to prison and immigration detainees held for over 24 hours. At Aylsham, visits to detainees from family members were not encouraged. Staff told us that this was mainly due to the staffing levels available in the custody suite (see paragraph 4.11). On rare occasions a juvenile would be allowed a visit, but only if their parent or a family member acted as an AA.

Housekeeping points

4.41 Subject to individual risk assessment, toilet paper should be routinely provided in each cell.

4.42 Hygiene packs should be routinely offered to female detainees.

4.43 Replacement underwear should be available at all suites.

4.44 Books, magazines, exercise and showers should all be proactively offered when appropriate. A range of reading materials suitable for young people and in easy-read format should be available in all custody suites.

4.45 Visits should be allowed where appropriate, particularly for juveniles and those held for longer periods.

Good practice

4.46 *An excellent range of books and magazines was available, including in languages other than English and, particularly at King's Lynn, magazines of interest to young detainees and those with limited literacy.*

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 We observed detainees being booked in promptly after arrival at the custody suites. Custody sergeants and DOs took responsibility for booking-in detainees but custody sergeants were ultimately responsible for ensuring that there were appropriate grounds for detention. We observed custody sergeants checking the circumstances of the offence and arrest to determine if detention was appropriate. Custody sergeants told us that they had declined custody when it was not appropriate and that, on occasion, arresting officers contacted them before bringing detainees to the custody suite, to ensure that this was appropriate and that alternatives to custody were not more appropriate. Staff were aware of restorative justice and 'extended professional judgement' arrangements.

5.2 Although the case investigation unit closed down at midnight, we found no evidence of a 'bedding down' culture, and arresting officers dealt with their detainees throughout the night whenever possible. In our survey, more detainees than at comparator custody suites reported that they had been held for over 24 hours; this was probably due to an emphasis on concluding investigations during the initial detention period, whenever possible.

5.3 Custody staff reported a good relationship with the UK Border Agency (UKBA) but we were told that some immigration detainees waited several days to be collected. Staff at King's Lynn told us that immigration officers from the UKBA enforcement team at Swaffham rarely attended the custody suite but expected the sergeants to issue IS91 (authority to detain notification) forms and take photographs; by contrast, they received a good service from the St Ives enforcement team and described them as being proactive.

5.4 During booking-in, staff provided all detainees with a leaflet summarising their rights and entitlements. These could be downloaded and printed for non-English-speaking detainees in their own language, and an easy-read pictorial version was also available, although not all staff were aware of the latter's existence. In our custody record analysis, all of the six foreign nationals in the sample had been formally notified of their rights as foreign nationals. At Aylsham, a copy of the rights and entitlements was also available in Braille.

5.5 A professional telephone interpreting service was readily available during booking-in and risk assessment. We saw this being used via a speakerphone, which was appropriate at the discreet booking-in desks. However, when used at the main booking-in desks, the speakerphone resulted in privacy being compromised. Staff told us that there was a good face-to-face interpreter service available to facilitate investigative interviews; however, some delays in attendance were experienced, depending on the language involved. We observed a Chinese detainee being booked in using the telephone interpreting service, and a face-to-face interpreter arrived at the suite within the hour.

5.6 Staff assured us that the custody suites were never used as a place of safety for children under Section 46 of the Children Act 1989.[5] Staff said that they contacted Social Services to confirm the availability of secure PACE beds for juveniles held overnight who could not be bailed but none were aware of any such beds ever having been made available. An agreed protocol was in place with the local authority in Norfolk.

5.7 The force adhered to the PACE definition of a child instead of that in the Children Act 1989, which meant that those aged 17 were not provided with an AA unless they were otherwise deemed vulnerable. Family members or family friends were usually contacted in the first instance to act as an AA. When this was not possible, there was a good AA scheme available, staffed by volunteers. At Great Yarmouth, there were two different AA schemes in operation. The Norfolk AA scheme provided AAs only for Norfolk detainees. For this scheme, custody staff had a rota and contacted the volunteers directly. It operated between 7.30am and 10pm. The other scheme was for Suffolk detainees, for whom custody staff contacted the coordinator for Anglia Care Trust. This scheme operated between 9am and 10pm. Both schemes catered for juveniles and vulnerable adults, and custody staff were satisfied with the service. AAs we spoke to were also satisfied with their treatment by custody staff. Outside of these operating times, custody staff had an out-of-hours telephone number for contacting Social Services but told us that they were unlikely to attend the custody suite during the night. In our custody record analysis, one young female, who had reportedly tried to commit suicide on the day she was taken into custody, had not been able to have her parents as AAs, as they had been potential witnesses. An AA had not been called until 11am (she had arrived in custody at 1.30am) and had not arrived until noon.

Recommendations

5.8 **Norfolk Constabulary and Suffolk Police should engage with the local authority to ensure the provision of secure and non-secure beds for juveniles who have been charged to appear in court but cannot be bailed.**

5.9 **Appropriate adults should be available out of hours for juveniles and vulnerable adults and to support juveniles aged 17.**

Housekeeping points

5.10 Staff should be made aware of, and have access to, the pictorial version of the rights and entitlements leaflet.

5.11 Two-handset telephones should be provided in all suites to facilitate telephone interpreting services.

Rights relating to PACE

5.12 During the booking-in process, detainees were told that they could read the PACE codes of practice and we saw that copies were readily available in all the PICs. In our survey, 69% of respondents, against the 51% comparator, said that they had been told about PACE.

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

5.13 There was a duty solicitor scheme. Posters indicating this, in 23 different languages, were displayed prominently in the custody suites. All the PICs had a number of clean, well-equipped interview rooms. In our custody record analysis, all detainees had been routinely offered free legal advice but only 10 (33%) had accepted it. In one record, the detainee had been interviewed before the solicitor had arrived, with no explanation recorded. At Wymondham, we observed a detainee, who had declined the services of the duty solicitor, being charged and bailed to appear at the local magistrates' court on a due date. On release, the custody sergeant reminded the detainee of his right to free legal advice and provided him with a list of names and addresses of local defence solicitors, details of the court's address, a map of its location and a Legal Aid application form. Two legal representatives that we spoke to described custody staff as facilitative and said that they had adequate time to consult their clients privately.

5.14 Detainees were told that they could have someone informed of their whereabouts. In our custody record analysis, all detainees had been offered the opportunity of having someone informed of their arrest.

5.15 Reviews of detainees in custody were mostly undertaken by a police inspector who had specific PACE responsibilities; however, during the night this role was covered by the duty inspector. Our observations and analysis of custody records confirmed that most reviews took place face to face and on time. However, staff told us that for detainees arriving between 7pm and 9pm, reviews were occasionally carried out shortly after their arrival in order to avoid evening reviews having to be carried out by the duty inspector. In our custody record sample, one detainee had been in custody for 19 hours before the first review had taken place; it was not clear whether a review had been carried out before this and not been recorded.

5.16 The force had clear policies on the management of DNA and forensic samples, and practice complied with these policies.

5.17 Arrangements for getting detainees to court on time were efficient. However, staff told us that on several occasions when detainees had been required to attend a late morning or afternoon court sitting, transportation had had to be arranged via a police vehicle, as Serco, the area prisoner escort contractor, was often unable to meet its contractual requirements. Court cut-off times were reasonable, being approximately 3pm, with some flexibility. We were told at Great Yarmouth that on one occasion the court had agreed to accept a detainee who had been transported from the custody suite at 3.45pm; however, this had been an exception. Custody staff told us that the King's Lynn court often ran out of cells, so a Service Level Agreement had been developed between the court and police to use the force suite as an overflow.

Housekeeping point

5.18 All reviews of detention should be carried out in accordance with the PACE codes of practice – code C.

Rights relating to treatment

5.19 When detainees arrived in custody, they were not routinely told how to make a complaint about their treatment but the process was described in the rights and entitlements documentation they received. There were no notices about the complaints procedure on display in the custody suite and no IPCC leaflets on the subject were available. However, complaints alleging assault were treated seriously and early evidence was gathered. Some limited analysis of complaints

was undertaken but this was used to enhance staff personal safety training rather than identify any trends.

5.20 Although there was a clear expectation from senior managers that complaints from detainees would be taken by the PACE inspector while the detainee was still in custody, and custody managers were in general ready to deal on the spot with some issues raised by detainees, practice varied. Some DOs indicated that they would advise the custody sergeant if an individual wished to complain; however, most staff we spoke to said that they would advise the detainee to attend their local police station on release.

Recommendation

5.21 **Detainees should be able to make a complaint about their care and treatment, and be able to do this before they leave custody; data about complaints should be monitored.**

6. Health care

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

Governance

6.1 Health services were provided by G4S Forensic Medical Services (UK) Ltd (G4S). A chief inspector and custody development officer managed the respective health and substance misuse services contracts and agreements. Contracts were well specified and managed. The force said that working relationships with its suppliers were good and custody staff expressed general satisfaction with the health services that were available to detainees. Detainees we spoke to were satisfied with their interactions with health care professionals (HCPs). The force was in the second wave of early adopters for NHS commissioning of police health services.

6.2 G4S had robust clinical governance arrangements. There were clear lines of management and accountability that included systems for regular checking of staff members' professional credentials. HCPs included nurses, paramedics and forensic medical examiners (FMEs). FMEs were from a variety of backgrounds. Not all were approved clinicians under section 12 of the Mental Health Act. There were opportunities for staff to receive clinical supervision and a programme of annual appraisal. The HCPs that we observed were courteous and professional. Telephone interpreting services were available when required.

6.3 There were two new medical rooms at each custody suite, except at Aylsham, where there was one. Working practice was to use one room for acquiring forensic samples and dressings, and the other for consultations. Medical rooms were identical and of a good size. All lacked natural light but all had natural-light-emulating examination lamps. Fixtures and fittings were of a high standard and all chairs were wipeable. Some features, such as the taps and sinks, were not compliant with infection control standards. An infection control nurse was auditing the medical room at Bury St Edmunds at the time of the inspection and the findings would be used as part of the early adopter process. We observed good attention to the privacy and confidentiality of detainees during consultations, although at Great Yarmouth the nurse said that she routinely left the door open, unless the patient was distressed. Some medical room doors were left open when the rooms were not in use. Medical rooms were cleaned regularly, although we did not see cleaning schedules. Sharps bins were not secured to the wall or signed and dated on start of use. Patient information leaflets were available, although there were no health screening or promotion materials on display.

6.4 Medicines management was good. Medicines were supplied by G4S and stored in locked safes. One safe was for G4S use only and one, the telephone advice safe, was accessible by custody officers. There were accurate stock records and weekly audits of stock balances, although we did not see checks of the stock in the telephone advice safes. HCPs were able to supply and administer a wide range of medications using patient group directions. Custody staff administered medicines prescribed remotely by FMEs, including prescription-only medications, from the telephone advice safes but we saw no evidence that telephone prescribing was confirmed by written prescriptions. HCPs opened manufactured medicine packages to obtain smaller amounts of tablets to put in labelled bags for detainees, which constituted secondary dispensing. There were locked cabinets for the disposal of discarded medications. We found out-of-date pharmacological reference materials in several clinical rooms. Eight out of the 30 (27%) detainees in our custody record sample had been on

medication on arrival in custody. Custody staff made attempts to retrieve prescribed medications from a detainee's home if necessary; their medications were appropriately stored in individual storage lockers adjacent to the property lockers.

6.5 Emergency equipment was available in the custody suites and was easily accessible. It included first-aid kits and two automated external defibrillators (AEDs), except at Aylsham, where there was one. There were red G4S emergency bags ('grab bags') at each site. These contained breathing support equipment designed for use with oxygen, but there was no oxygen. Suction units, which were located in the grab bags (except at Great Yarmouth), were not assembled. Custody staff we spoke to were up to date with their first-aid and resuscitation training and had received instruction in the use of AEDs. Equipment was checked regularly and this was logged.

Recommendations

6.6 **Medical rooms should be compliant with contemporary standards of infection control.**

6.7 **Custody officers should not administer prescription-only medications without a signed medical prescription.**

6.8 **The practice of secondary dispensing of medicines should cease.**

6.9 **G4S should review the content of the red emergency bags in light of revised cardiopulmonary guidance.**

6.10 **Suction units should be assembled and ready for use in case of emergency.**

Housekeeping points

6.11 Medical consultations should be undertaken in private unless a risk assessment indicates otherwise.

6.12 Out-of-date pharmacological reference materials should be replaced by up-to-date materials.

Good practice

6.13 *The provision of individual storage lockers for detainees' medications ensured that medicines were stored securely and minimised the risk of confusing different individuals' medications.*

Patient care

6.14 Five detainees (17%) in our custody record sample had had injuries on arrival in custody. New detainees were asked if they wanted to see an HCP, or custody officers referred them to one if they presented any health-related concerns. In such cases, custody staff rang the G4S call centre to request assistance and G4S offered a 24-hour service. Call-out and response times were entered on the custody record. The call centre would alert clinical staff to the request and they would determine the type of response required. Urgent responses were expected within 60 minutes, non-urgent responses within 90 minutes and fitness for transfer consultations within 120 minutes.

6.15 G4S provided the force with a comprehensive range of monthly statistics relating to the contract, and the data were verified by the custody development officer. There had been 1,100–1,500 calls per month to G4S in 2011. Performance times had improved in 2011, and around 90% of responses had been timely, although there remained issues with the availability of G4S staff during their shift handover periods and due to geographical challenges. Responses beyond the contracted times invoked a service credit (financial penalty). In our sample of custody records, the average wait time for an HCP was one hour and 45 minutes, and for an FME 52 minutes. During the inspection, G4S failed to attend to a sick detainee at Aylsham for over six hours. We were led to believe that this was because there was only one G4S member of staff on duty that night and that he was committed to priorities elsewhere.

6.16 Detainees could see an HCP or FME of the gender of their choice, although this usually entailed further waiting. Alternatively, a chaperone could be made available.

6.17 Six detainees (20%) in our custody record sample had required continuation of medicine. We were informed that opiate substitution therapy was available while in police custody but we could find no evidence of its use. Symptomatic relief was available for those withdrawing from substances. In our survey, 40% of detainees said that they had been offered relief for withdrawal symptoms, against the comparator of 17%.

6.18 G4S staff had access to NSPIS, and HCPs entered their findings and medical advice directly into individuals' detention records. G4S staff offered care to detainees of Cambridgeshire police at King's Lynn but were unable to access the Cambridgeshire police NSPIS. We sampled G4S clinical records at all the custody suites and they were completed to a good standard, although written consent for medical purposes was inconsistently obtained. Records were stored in line with the Data Protection Act and Caldicott principles.[6]

Recommendations

6.19 **Methadone should be available to detainees in line with national guidelines, when clinically indicated.**

6.20 **Detainees needing medical attention should be seen promptly by a health services professional.**

Housekeeping points

6.21 There should be equity of access to NSPIS for G4S staff providing care for detainees in police custody.

6.22 Written consent for medical purposes should be consistently obtained.

Substance use

6.23 In our survey of custody records 17 out of 30 (57%) detainees had been brought into custody intoxicated; custody officers believed the normal frequency to be higher. There were two providers of substance misuse services: the Matthew Trust in Norfolk and Westminster Drug Services in Suffolk. There was pro-active multi-agency working to ensure active services

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

across the force area. Drug workers were available every day except Sunday, visiting each suite at least once a day or being available to respond within the hour to telephone requests for attendance. Out of hours, custody staff made appointments for detainees. Low-intensity interventions were offered, although discussions were under way about providing intensive programmes, including testing on arrest. Juveniles and adults with alcohol addiction issues were signposted to appropriate services. Needle exchange was available, but not well advertised, in Norfolk custody suites but not available in Suffolk custody suites.

Recommendation

6.24 **There should be equity of access to needle exchange.**

Mental health

6.25 Mental health services were provided by Norfolk and Suffolk NHS Foundation Trust, which had recently been formed (September 2011) from two predecessor trusts. There were regular mental health strategic and custody liaison meetings involving the police and NHS partners. Progress on policy consultation was slow, which frustrated the police. Staff we spoke to were not aware of the existence of an offender mental health strategy for Norfolk and Suffolk and we did not see a strategy during the inspection. There was a multi-agency Bradley implementation plan and a multi-agency information-sharing protocol.

6.26 Seven out of 30 (23%) detainees in our analysis of custody records had mental health problems. Criminal Justice Liaison Services offered a diversion from custody process at each custody suite. Their mental health workers visited custody suites daily or were available to visit within the hour after telephone referral. Out of hours, an emergency duty team could be called, although responses were often slow. Young people with suspected mental health problems were referred to the youth offending team (YOT). YOT mental health workers usually offered the young person an appointment for assessment following release from custody.

6.27 There was little use of police custody for detainees subject to section 136 of the Mental Health Act, with 100 such uses in 2011. Usage had reduced in the quarter to the end of March 2012, with only 10 instances. The police and NHS partners were in the process of producing a revised draft section 136 protocol to replace several legacy policies agreed with former NHS partners. Police custody suites were occasionally used inappropriately as places of safety because of disputes about levels of intoxication. Police staff told us about several instances in which officers had waited for extended periods at NHS facilities for section 136 assessments to start, although this was becoming less frequent. Problems with the operation of section 136 were discussed with NHS partners. We visited the section 136 suite at Queen Elizabeth II Hospital at King's Lynn. Staff there told us that section 136 was infrequently used. They made decisions about admitting patients primarily on clinical grounds, as opposed to breathalyser readings.

6.28 Custody officers confirmed that they had received mental health awareness training in 2011 as part of their induction to the new PICs.

Recommendation

6.29 **Police custody suites should not be used as places of safety for section 136 assessments and police officers should not have to wait for extended periods at NHS section 136 suites for mental health assessments to begin.**

7. Summary of recommendations

National issues

7.1 Appropriate adults should be available to support without undue delay juveniles aged 17 in custody, including out of hours. (2.17)

Recommendation — To G4S

7.2 G4S should review the content of the red emergency bags in light of revised cardiopulmonary guidance. (6.9)

Recommendations — To Norfolk and Suffolk police

Treatment and conditions

7.3 Provisions for ensuring that detainees with mobility problems can sit or lie down comfortably in the cells should be improved. (4.8)

7.4 Detainees who are intoxicated should not be routinely breathalysed. In such cases a risk assessment should be conducted and an appropriate care plan put in place. (4.18)

7.5 Norfolk and Suffolk police service should collate and analyse data on strip-searching, and on use of force in accordance with the Association of Chief Police Officers' policy and National Policing Improvement Agency guidance. (4.25)

Individual rights

7.6 Norfolk Constabulary and Suffolk Police should engage with the local authority to ensure the provision of secure and non-secure beds for juveniles who have been charged to appear in court but cannot be bailed. (5.8)

7.7 Appropriate adults should be available out of hours for juveniles and vulnerable adults and to support juveniles aged 17. (5.9)

7.8 Detainees should be able to make a complaint about their care and treatment, and be able to do this before they leave custody; data about complaints should be monitored. (5.21)

Health care

7.9 Medical rooms should be compliant with contemporary standards of infection control. (6.6)

7.10 Custody officers should not administer prescription-only medications without a signed medical prescription. (6.7)

7.11 The practice of secondary dispensing of medicines should cease. (6.8)

7.12 G4S should review the content of the red emergency bags in light of revised cardiopulmonary guidance. (6.9)

7.13 Suction units should be assembled and ready for use in case of emergency. (6.10)

7.14 Methadone should be available to detainees in line with national guidelines, when clinically indicated. (6.19)

7.15 Detainees needing medical attention should be seen promptly by a health services professional. (6.20)

7.16 There should be equity of access to needle exchange. (6.24)

7.17 Police custody suites should not be used as places of safety for section 136 assessments and police officers should not have to wait for extended periods at NHS section 136 suites for mental health assessments to begin. (6.29)

Housekeeping points

Strategy

7.18 A forum should be introduced, where custody practitioners and managers can discuss custody issues. (3.12)

7.19 Staff should be made aware of where to find the custody bulletin, and its relevance to their practice/work. (3.13)

Treatment and conditions

7.20 Staff should be briefed on how to help Muslim detainees reliably determine the direction of Mecca if they want to pray. (4.9)

7.21 All staff should carry anti-ligature knives and these should be used only in an emergency, and anti-ligature shears should be available at all times. (4.19)

7.22 The leaflet containing contact details for local agencies should be available in a range of languages. (4.20)

7.23 There should be a proportionate approach to applying and removing handcuffs at Martlesham and Bury St Edmunds. (4.26)

7.24 Fire evacuation drills should be carried out and records kept in all custody suites. (4.32)

7.25 Subject to individual risk assessment, toilet paper should be routinely provided in each cell. (4.41)

7.26 Hygiene packs should be routinely offered to female detainees. (4.42)

7.27 Replacement underwear should be available at all suites. (4.43)

7.28 Books, magazines, exercise and showers should all be proactively offered when appropriate. A range of reading materials suitable for young people and in easy-read format should be available in all custody suites. (4.44)

7.29 Visits should be allowed where appropriate, particularly for juveniles and those held for longer periods. (4.45)

Individual rights

7.30 Staff should be made aware of, and have access to, the pictorial version of the rights and entitlements leaflet. (5.10)

7.31 Two-handset telephones should be provided in all suites to facilitate telephone interpreting services. (5.11)

7.32 All reviews of detention should be carried out in accordance with the PACE codes of practice – code C. (5.18)

Health care

7.33 Medical consultations should be undertaken in private unless a risk assessment indicates otherwise. (6.11)

7.34 Out-of-date pharmacological reference materials should be replaced by up-to-date materials. (6.12)

7.35 There should be equity of access to NSPIS for G4S staff providing care for detainees in police custody. (6.21)

7.36 Written consent for medical purposes should be consistently obtained. (6.22)

Good practice

Strategy

7.37 Norfolk and Suffolk Constabularies shared a clear strategic vision with regard to collaborating on the provision of custody services. (3.14)

7.38 The implementation and application of the standard operating procedures by managers provided clarity of role and consistency in the provision of custody services. (3.15)

7.39 The quality assurance processes were comprehensive and well structured, particularly in regard to cross-referencing rousing in custody records to closed-circuit television dip-sampling, and also the dip-sampling by custody inspectors of the custody records of other PICs. (3.16)

7.40 The audit and inspection programme ensured that consistency and corporacy of custody provision was achieved and maintained at a high level. (3.17)

Treatment and conditions

7.41 Handovers were conducted away from the booking-in area, were well prepared, managed and effective, and involved all relevant custody staff. (4.21)

Treatment and conditions

7.42 Staff took cells out of use once they had been vacated, until they were cleaned, ensuring that every cell in a PIC was cleaned at least once in a 24-hour period. (4.33)

7.43 An excellent range of books and magazines was available, including in languages other than English and, particularly at King's Lynn, magazines of interest to young detainees and those with limited literacy. (4.46)

Health care

7.44 The provision of individual storage lockers for detainees' medications ensured that medicines were stored securely and minimised the risk of confusing different individuals' medications. (6.13)

Appendix I: Inspection team

Martin Kettle	HMIP team leader
Peter Dunn	HMIP inspector
Gary Boughen	HMIP inspector
Fiona Shearlaw	HMIP inspector
Vinnett Pearcy	HMIP inspector
Angela Johnson	HMIP inspector
Paul Davies	HMIC inspector
Mark Ewan	HMIC inspector
Paul Tarbuck	HMIP health care inspector
Hayley Cripps	HMIP researcher

Appendix II: Summary of detainee questionnaires and interviews

Detainee survey methodology

A voluntary, confidential and anonymous survey of the prisoner population, who had been through a police investigation centre in the Norfolk and Suffolk area, 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 4th April 2012. A list of potential respondents to have passed through Great Yarmouth, Aylsham, Wymondham, King's Lynn, Martlesham or Bury St Edmunds police investigation centres was created, listing all those who had arrived from Bury St Edmunds, Ipswich, Lowestoft, Norwich, Great Yarmouth, King's Lynn, Thetford and Cromer Magistrates' courts within the previous two months.[7]

Selecting the sample

In total, 123 respondents were approached. Twenty respondents reported being held in police stations outside the area sampled and three could speak no English and so it was impossible to determine the police station they had been in. On the day, the questionnaire was offered to 100 respondents; there were 11 refusals, two questionnaires returned blank and 10 non-returns. All of those sampled had been in custody within the previous two months.

Completion of the questionnaire was voluntary. Interviews were carried out with any respondents with literacy difficulties. In total, 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:

- 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.

[7] 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 three months. The survey analysis continues to provide an indication of perceptions and experiences of those who have been held in these policy custody suites over a longer period of time.

Response rates

In total, 77 (77%) respondents completed and returned their questionnaires.

Comparisons

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

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

The current survey responses were analysed against comparator figures for all prisoners surveyed in other police areas. This comparator is based on all responses from prisoner surveys carried out in 52 police areas since April 2008.

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

Summary

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

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

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

Survey results

Police custody survey

Section 1: About you

Q3 How old are you?

16 years or younger	0 (0%)	*40-49 years*	9 (12%)
17-21 years	17 (22%)	*50-59 years*	0 (0%)
22-29 years	23 (30%)	*60 years or older*	1 (1%)
30-39 years	27 (35%)		

Q4 Are you:

Male	77 (100%)
Female	0 (0%)
Transgender/transsexual	0 (0%)

Q5 What is your ethnic origin?

White - British	61 (79%)
White - Irish	0 (0%)
White - other	6 (8%)
Black or black British - Caribbean	3 (4%)
Black or black British - African	2 (3%)
Black or black British - other	1 (1%)
Asian or Asian British - Indian	1 (1%)
Asian or Asian British - Pakistani	0 (0%)
Asian or Asian British - Bangladeshi	1 (1%)
Asian or Asian British - other	0 (0%)
Mixed heritage - white and black Caribbean	2 (3%)
Mixed heritage - white and black African	0 (0%)
Mixed heritage- white and Asian	0 (0%)
Mixed heritage - Other	0 (0%)
Chinese	0 (0%)
Other ethnic group	0 (0%)

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

Yes	5 (7%)
No	64 (93%)

Q7 What, if any, is your religion?

None	22 (32%)
Church of England	32 (46%)
Catholic	10 (14%)
Protestant	0 (0%)
Other Christian denomination	3 (4%)
Buddhist	0 (0%)
Hindu	0 (0%)

Jewish 0 (0%)
Muslim 2 (3%)
Sikh 0 (0%)

Q8 How would you describe your sexual orientation?

Straight/heterosexual 73 (99%)
Gay/lesbian/homosexual 0 (0%)
Bisexual 1 (1%)

Q9 Do you consider yourself to have a disability?

Yes 17 (23%)
No 58 (77%)

Q10 Have you ever been held in police custody before?

Yes 72 (96%)
No 3 (4%)

Section 2: Your experience of the police custody suite

Q11 How long were you held at the police station?

Less than 24 hours 18 (23%)
More than 24 hours, but less than 48 hours (2 days) 34 (44%)
More than 48 hours (2 days), but less than 72 hours (3 days) 20 (26%)
72 hours (3 days) or more 5 (6%)

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

Yes 68 (88%)
No 7 (9%)
Don't know/can't remember 2 (3%)

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

Yes 53 (69%)
No 14 (18%)
I don't know what this is/I don't remember 10 (13%)

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

My clothes were not taken 43 (59%)
I was offered a tracksuit to wear 21 (29%)
I was offered an evidence/paper suit to wear 0 (0%)
*I was **only** offered a blanket* 4 (5%)
Nothing 5 (7%)

Q15 Could you use a toilet when you needed to?

Yes 71 (92%)
No 6 (8%)
Don't know 0 (0%)

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

Yes 35 (46%)
No 41 (54%)

Q17 How would you rate the condition of your cell:

	Good	*Neither*	*Bad*
Cleanliness	47 (62%)	13 (17%)	16 (21%)
Ventilation/air quality	31 (42%)	13 (18%)	29 (40%)
Temperature	18 (24%)	15 (20%)	43 (57%)
Lighting	33 (45%)	9 (12%)	32 (43%)

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

Yes........ 20 (26%)
No........ 57 (74%)

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

Yes........ 41 (53%)
No........ 36 (47%)

Q20 Were you held overnight?

Yes........ 73 (95%)
No........ 4 (5%)

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

Not held overnight........ 4 (5%)
Pillow........ 34 (44%)
Blanket........ 63 (82%)
Nothing........ 7 (9%)

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

Not held overnight/did not get any bedding........ 11 (16%)
Yes........ 39 (56%)
No........ 20 (29%)

Q23 Were you offered a shower at the police station?

Yes........ 24 (32%)
No........ 52 (68%)

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

Yes........ 6 (8%)
No........ 71 (92%)

Q25 Were you offered anything to:

	Yes	*No*
Eat?	67 (87%)	10 (13%)
Drink?	68 (88%)	9 (12%)

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

Very good	*Good*	*Neither*	*Bad*	*Very Bad*	*N/A*
1 (1%)	12 (16%)	12 (16%)	24 (31%)	20 (26%)	8 (10%)

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

I did not have any food or drink........ 8 (11%)
Yes........ 34 (46%)

No.. 32 (43%)

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

I do not smoke 6 (8%)
I was allowed to smoke 1 (1%)
I was offered a nicotine substitute.. 7 (9%)
I was not offered anything to cope with not smoking.. 63 (82%)

Q29 Were you offered anything to read?

Yes.. 23 (30%)
No.. 53 (70%)

Q30 Was someone informed of your arrest?

Yes.. 41 (53%)
No.. 16 (21%)
I don't know.. 6 (8%)
I didn't want to inform anyone 14 (18%)

Q31 Were you offered a free telephone call?

Yes.. 35 (46%)
No.. 41 (54%)

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

My telephone call was not denied... 43 (61%)
Yes.. 5 (7%)
No.. 23 (32%)

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

	Yes	*No*
Who was taking care of your children	3 (5%)	52 (95%)
Contacting your partner, relative or friend	33 (50%)	33 (50%)
Contacting your employer	3 (5%)	52 (95%)
Where you were going once released	16 (27%)	44 (73%)

Q34 Were you offered free legal advice?

Yes.. 67 (87%)
No.. 10 (13%)

Q35 Did you accept the offer of free legal advice?

Was not offered free legal advice.. 10 (13%)
Yes.. 49 (64%)
No.. 17 (22%)

Q36 Were you interviewed by police about your case?

Yes... 70 (92%)
No 6 (8%)

Q37	**Was a solicitor present when you were interviewed?**	
	Did not ask for a solicitor/was not interviewed	10 (13%)
	Yes	56 (75%)
	No	9 (12%)
Q38	**Was an appropriate adult present when you were interviewed?**	
	Did not need an appropriate adult/was not interviewed	44 (59%)
	Yes	5 (7%)
	No	26 (35%)
Q39	**Was an interpreter present when you were interviewed?**	
	Did not need an interpreter/was not interviewed	43 (60%)
	Yes	1 (1%)
	No	28 (39%)

Section 3: Safety

Q41	**Did you feel safe there?**	
	Yes	54 (73%)
	No	20 (27%)
Q42	**Did a member of staff victimise (insulted or assaulted) you there?**	
	Yes	26 (35%)
	No	49 (65%)

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

I have not been victimised	49 (65%)	*Because of your crime*	9 (12%)
Insulting remarks (about you, your family or friends)	12 (3%)	*Because of your sexuality*	1 (1%)
Physical abuse (being hit, kicked or assaulted)	5 (7%)	*Because you have a disability*	0 (0%)
Sexual abuse	2 (4%)	*Because of your religion/religious beliefs*	1 (1%)
Your race or ethnic origin	2 (4%)	*Because you are from a different part of the country than others*	6 (8%)
Drugs	7 (9%)		

Q44	**Were your handcuffs removed on arrival at the police station?**	
	Yes	56 (73%)
	No	15 (19%)
	I wasn't handcuffed	6 (8%)
Q45	**Were you restrained while in the police custody suite?**	
	Yes	9 (12%)
	No	67 (88%)
Q46	**Were you injured while in police custody, in a way that was not your fault?**	
	Yes	14 (18%)
	No	63 (82%)

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

Yes 12 (16%)
No 65 (84%)

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

Very well	*Well*	*Neither*	*Badly*	*Very badly*	*Don't remember*
7 (9%)	22 (29%)	21 (28%)	16 (21%)	8 (11%)	1 (1%)

Section 4: Health care

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

Yes 33 (43%)
No 41 (53%)
Don't know 3 (4%)

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

	Yes	*No*
Doctor	23 (32%)	48 (68%)
Nurse	18 (30%)	43 (70%)
Paramedic	5 (9%)	50 (91%)

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

Yes 19 (26%)
No 31 (42%)
Don't know 23 (32%)

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

Yes 35 (45%)
No 42 (55%)

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

Not taking medication 42 (56%)
Yes 10 (13%)
No 23 (31%)

Q55 Did you have any drug or alcohol problems?

Yes 38 (49%)
No 39 (51%)

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

I didn't have any drug/alcohol problems 39 (51%)
Yes 16 (21%)
No 22 (29%)

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

I didn't have any drug/alcohol problems 39 (51%)
Yes 15 (19%)
No 23 (30%)

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

I was not seen by health care	*Very good*	*Good*	*Neither*	*Bad*	*Very bad*
39 (51%)	4 (5%)	11 (14%)	9 (12%)	9 (12%)	4 (5%)

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

Yes.. 21 (28%)
No.. 55 (72%)

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

Yes.. 25 (33%)
No.. 51 (67%)

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

I didn't have any mental health care needs.............................. 51 (69%)
Yes.. 4 (5%)
No.. 19 (26%)

Appendix III: Inspection photographs

Booking in area

Discreet booking in area

Wymondham police investigation centre

Prisoner survey responses for Norfolk & Suffolk Police 2012

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

Key to tables

		Norfolk/Suffolk police custody suites	Police custody comparator
	Any percentage highlighted in green is significantly better		
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
Number of completed questionnaires returned		77	1867
SECTION 1: General information			
3	Are you under 21 years of age?	22%	9%
4	Are you transgender/transsexual?	0%	0%
5	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?	13%	30%
6	Are you a foreign national?	8%	15%
7	Are you Muslim?	3%	11%
8	Are you homosexual/gay or bisexual?	1%	2%
9	Do you consider yourself to have a disability?	23%	20%
10	Have you been in police custody before?	96%	91%
SECTION 2: Your experience of this custody suite			
11	Were you held at the police station for over 24 hours?	77%	67%
12	Were you told your rights when you first arrived?	88%	79%
13	Were you told about PACE?	69%	51%
For those who had their clothing taken away:			
14	Were you given a tracksuit to wear?	69%	30%
15	Could you use a toilet when you needed to?	92%	91%
16	If you used the toilet, was toilet paper provided?	47%	48%
17	Would you rate the condition of your cell, as 'good' for:		
17a	Cleanliness?	62%	32%
17b	Ventilation/air quality?	42%	22%
17c	Temperature?	24%	15%
17d	Lighting?	45%	44%
18	Was there any graffiti in your cell when you arrived?	26%	56%
19	Did staff explain the correct use of the cell bell?	53%	22%
20	Were you held overnight?	95%	92%
For those who were held overnight:			
21	Were you given any items of bedding?	91%	82%
For those who were held overnight and were given items of bedding:			
22	Were these clean?	66%	59%
23	Were you offered a shower?	31%	8%
24	Were you offered a period of outside exercise?	8%	6%
25a	Were you offered anything to eat?	87%	81%
25b	Were you offered anything to drink?	88%	83%
For those who had food/drink:			
26	Was the quality of the food and drink you received good/very good?	19%	10%
27	Was the food/drink you received suitable for your dietary requirements?	51%	43%

Key to tables

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(blue)	Any percentage highlighted in blue is significantly worse		
(orange)	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
For those who smoke:			
28	Were you offered anything to help you cope with not being able to smoke?	10%	7%
29	Were you offered anything to read?	30%	13%
30	Was someone informed of your arrest?	53%	43%
31	Were you offered a free telephone call?	47%	49%
If you were denied a free telephone call:			
32	Was a reason given?	19%	14%
33	Did you have any concerns about:		
33a	Who was taking care of your children?	6%	14%
33b	Contacting your partner, relative or friend?	50%	53%
33c	Contacting your employer?	6%	20%
33d	Where you were going once released?	27%	31%
34	Were you offered free legal advice?	87%	88%
For those who were offered free legal advice:			
35	Did you accept the offer of free legal advice?	74%	69%
For those who were were interviewed and needed them:			
37	Was a solicitor present when you were interviewed?	86%	76%
38	Was an appropriate adult present when you were interviewed?	17%	29%
39	Was an interpreter present when you were interviewed?	3%	16%
SECTION 3: Safety			
41	Did you feel unsafe?	27%	39%
42	Has another detainee or a member of staff victimised you?	35%	32%
43	If you have felt victimised, what did the incident involve?		
43a	Insulting remarks (about you, your family or friends)	16%	15%
43b	Physical abuse (being hit, kicked or assaulted)	7%	11%
43c	Sexual abuse	3%	3%
43d	Your race or ethnic origin	3%	2%
43e	Drugs	9%	9%
43f	Because of your crime	12%	10%
43g	Because of your sexuality	1%	1%
43h	Because you have a disability	0%	3%
43i	Because of your religion/religious beliefs	1%	2%
43j	Because you are from a different part of the country than others	8%	3%
44	Were your handcuffs removed on arrival at the police station?	79%	73%
45	Were you restrained whilst in the police custody suite?	12%	20%
46	Were you injured whilst in police custody, in a way that was not your fault?	18%	23%
47	Were you told how to make a complaint about your treatment?	16%	13%
48	Were you treated well/very well by staff in the police custody suite?	39%	31%

Key to tables

		Norfolk/Suffolk police custody suites	Police custody comparator
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(orange)	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
SECTION 4: Health care			
50	Did someone explain your entitlements to see a health care professional if you needed to?	**43%**	**34%**
51	Were you seen by the following health care professionals during your time in police custody:		
51a	Doctor	**33%**	**44%**
51b	Nurse	**29%**	**20%**
	Percentage seen by either a doctor or a nurse	**44%**	**51%**
51c	Paramedic	**10%**	**4%**
52	Were you able to see a health care professional of your own gender?	**26%**	**26%**
53	Did you need to take any prescribed medication when you were in police custody?	**46%**	**42%**
For those who were on medication:			
54	Were you able to continue taking your medication while in police custody?	**30%**	**36%**
55	Did you have any drug or alcohol problems?	**49%**	**53%**
For those who had drug or alcohol problems:			
56	Did you see, or were offered the chance to see a drug or alcohol support worker?	**42%**	**42%**
57	Were you offered relief or medication for your immediate withdrawal symptoms?	**40%**	**17%**
For those who were seen by health care:			
58	Would you rate the quality as good/very good?	**41%**	**30%**
59	Did you have any specific physical health care needs?	**27%**	**32%**
60	Did you have any specific mental health care needs?	**33%**	**24%**
For those who had any mental health care needs:			
61	Were you seen by a mental health nurse/psychiatrist?	**17%**	**17%**