



# Report on an inspection visit to the police custody suite in the Metropolitan Police Service Borough of Sutton

1–3 March 2011

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 detention<sup>1</sup>. The inspections look at strategy, treatment and conditions, individual rights and health care.

The inspection looked at the custody suite in Sutton, serving the London Borough of Sutton within the Metropolitan Police Service (MPS). Strategic oversight of the suite was provided centrally by the MPS Criminal Justice Directorate within the Territorial Policing department, which seeks to ensure consistency in custody provision across all London boroughs. The Metropolitan Police Authority (MPA) has responsibility for the estate and manages an active body of independent custody visitors.

The borough commander ensured good local management oversight of the suite. Staffing numbers were sufficient and staff were properly trained, although handover arrangements required improvement. There were some strong partnership working arrangements. As we have found elsewhere, there was a lack of appropriate monitoring of the use of force, both locally and London-wide.

The custody suite was a relatively new, purpose built facility. Health and safety issues were well managed. The booking-in arrangements allowed limited privacy but staff interacted well with detainees and efforts were made to address particular vulnerabilities, including pre-release from detention. Some basic hygiene needs, for example showers and toilet paper, were only available on request.

A balance was maintained between progressing cases and the rights of individuals, and the Police and Criminal Evidence Act was rigorously adhered to. Juveniles and vulnerable adults were well served by an appropriate adult scheme during the day, but the lack of a night-time service or alternative accommodation led to some juveniles being unnecessarily detained overnight. Immigration detainees were generally moved on quickly. Arrangements for managing DNA and forensic samples were good. Complaints procedures were confused.

The quality of health care was adequate but would benefit from more robust monitoring of provision. Medicine management was satisfactory. Substance misuse support was good but mental health diversion services were limited.

Overall, custody provision in Sutton was commendable. This report sets out a small number of recommendations that we hope will assist the MPS and MPA to improve provision still further. We expect our findings to be considered in the wider context of priorities and resourcing, and for an action plan to be provided in due course.

**Sir Denis O'Connor**  
HM Chief Inspector of Constabulary

**Nick Hardwick**  
HM Chief Inspector of Prisons

March 2011

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<sup>1</sup> Optional Protocol to the Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment



## 2. Background and key findings

- 2.1 HM Inspectorates of Prisons and Constabulary have a programme of joint inspections of police custody suites, as part of the UK's international obligation to ensure regular independent inspection of places of detention. These inspections look beyond the implementation of the Police and Criminal Evidence Act 1984 (PACE) codes of practice and *Safer Detention and Handling of Persons in Police Custody* 2006 (SDHP) guide, and focus on outcomes for detainees. They are also informed by a set of *Expectations for Police Custody*,<sup>2</sup> which have been developed by the two inspectorates to assist best custodial practice.
- 2.2 The Metropolitan Police Service (MPS) has 74 custody suites designated under PACE for the reception of detainees. Twenty are 'overflow custody suites' used for various operational matters, such as charging centres for football matches and operational demands over and above custody core business. They are also used as fallback suites when 24-hour ones are closed for short periods for maintenance work. One suite is used for when Operation Safeguard (overflow from prisons) is in operation. The remaining 53 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 the Sutton custody suite in the London Borough of Sutton. Inspectors examined force-wide and borough custody strategies, as well as treatment and conditions, individual rights and health care in the custody suite. Sutton custody suite had 30 cells and these were open 24 hours a day. Sutton custody had received 6,373 detainees in the year to January 2011 and held 79 immigration detainees in the same period.
- 2.4 It was not possible to produce a survey of ex-detainees from Sutton because we were unable to find a sufficient number when we visited HMP High Down before the inspection took place.

### Strategic overview

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- 2.5 The MPS Criminal Justice Directorate within in the Territorial Policing department 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 Independent Custody Visitors (ICV) scheme. The local ICV scheme was active and the borough was responsive to it. The custody suite was a relatively new purpose-built 30-cell facility and there were plans to expand its use.
- 2.6 The borough commander was very engaged with custody and the senior management team visited custody daily. Most staff were permanent and all those who worked in custody only did so after completing relevant training. Shift and some staff cover arrangements needed to be improved, although there were advanced plans to address this. Dip sampling of custody records was undertaken.
- 2.7 There were strong partnerships in place. Learning the lessons information was shared with custody staff, although, similar to elsewhere in the MPS, use of force was not effectively managed.

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

## Treatment and conditions

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- 2.8 Staff interactions with detainees were very respectful and awareness of diversity issues good. However, there were some privacy issues. Professional interpreting services were used when needed.
- 2.9 Risk assessments were carried out when detainees arrived in custody, and although they were generally thorough we found exceptions. There was a cautious approach to risk management. Staff were aware of the need to rouse detainees when deemed necessary. Handovers between shifts needed to be improved.
- 2.10 Cells and other detainee areas were safe, clean and had little graffiti. Health and safety arrangements were good. Detainees were told how to use cell call bells, and these were promptly responded to.
- 2.11 Detainees were provided with clean mattresses, pillows and blankets. Showers were rarely facilitated. Toilets in cells covered by CCTV were obscured but detainees had to request toilet paper. In some cases, detainees were given paper suits when their clothes were removed. The food and drinks provided were good. A good selection of reading materials was available, but outside exercise was rarely offered.

## Individual rights

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- 2.12 We found a positive approach to balancing the priorities of progressing cases with the rights of individuals, but there was little focus on alternatives to custody. Detainees were offered a copy of PACE and comprehensive leaflets in a range of languages. We saw no breaches of PACE.
- 2.13 Legal assistance was offered and freely available. Staff made calls to notify someone of the detainee's arrest. Children were not held in custody under section 46 of the Children Act 1989, but no PACE place of safety bed for juveniles were available.
- 2.14 Immigration detainees were usually moved on quickly, although there were exceptions. Detainees were routinely asked if they had any dependency obligations. Pre-release risk assessments were completed and some of these were excellent. There was a very good guidance sheet to assist staff with this.
- 2.15 Relatives or friends were usually called on to act as appropriate adults (AAs) for juveniles and vulnerable adult detainees. When this was not possible or appropriate, there was a very good AA service coordinated by a funded full-time worker that operated until late evening but not out during the night.
- 2.16 The management of DNA and forensics was good, but cut-off times for court were sometimes too early. Detainees were not routinely told how to make a complaint, and the arrangements for taking complaints were confused.

## Health care

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- 2.17 Primary health services were adequate, although there were too many delays in the arrival of forensic medical examiners (FMEs) once called. Clinical governance arrangements for FMEs needed development. Medicines management arrangements were robust. Police staff made efforts to collect medications from detainees' home addresses. Resuscitation equipment was



available to custody staff who were trained in its use. Infection control arrangements in medical rooms were good.

- 2.18 We observed some good health care provided to detainees. There were problems with providing symptomatic relief to detainees who required it.
- 2.19 Substance misuse services were good but detainees who were primary problem alcohol users were only signposted to services. Mental health diversion services were limited, but no detainees were held under section 136 of the Mental Health Act 1983.<sup>3</sup>

## Main recommendations

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- 2.20 Shift handovers should include all staff working in custody and cover issues relevant to the detainees held.
- 2.21 Health care professionals should attend when needed within a reasonable time scale.

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



### 3. 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 Metropolitan Police Service (MPS) had a Criminal Justice Directorate led by a commander within territorial policing headquarters. A superintendent was responsible for day-to-day management of the Criminal Justice Directorate. 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 boroughs and accountability therefore rested with the borough commander, who was a detective chief superintendent. Each borough had a lead member from the Metropolitan Police Authority (MPA) but there was no defined MPA lead for custody. However, an MPA official managed the Independent Custody Visitors (ICV) scheme and had lead responsibility for reporting on custody issues.
- 3.2 The territorial policing commander was the chief officer lead on custody for the MPS. The Criminal Justice Directorate had an inspection function for audit and compliance, health and safety and the implementation of SDHP guidance. The commander sat on the programme board for SDHP and was clearly focused on ensuring an emphasis on 'professionalising custody'. 'Virtual courts' were being piloted through video links in some custody suites, including the borough operational command unit (BOCU) of Sutton.
- 3.3 Policies were signed off at a strategic command level within the MPS and the Criminal Justice Directorate provided standard operating procedures (SOPs) that supported delivery of force policies by custody suites in each London BOCU. The SOPs covered a broad spectrum of matters, 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 assist BOCUs to deliver consistent levels of service.
- 3.4 The borough had only one custody suite, which was located in Sutton police station. This police station has been significantly extended as part of a private finance initiative (PFI), and the building was managed by John Laing Integrated Services plc. The custody suite was part of the PFI and was modern and well maintained, although it had capacity for greater use. The BOCU commander outlined proposals that a custody suite in a neighbouring borough would close and that Sutton's detainee throughput would increase as it would become the primary custody centre for the two boroughs.
- 3.5 There was positive and strong personal leadership from the BOCU commander and the BOCU senior management team (SMT) with a clear commitment to custodial provision. There was a clear and well-defined command structure from the BOCU commander down to the custody manager. SMT members paid regular visits to the custody suite, and staff reported that they were visible in the suite. The SMT lead for custody was the chief inspector (operations). He attended the daily management meetings, where custody-related issues were discussed, including near-miss reports.
- 3.6 A monthly custody user group meeting had recently been introduced, chaired by the chief inspector (operations). Attendees included the custody manager, custody support sergeants, custody assistants, the appropriate adult coordinator and John Laing managers.

- 3.7 There were several forums to deal with custody-related issues in respect of the John Laing management of the building and custody assistants. Monthly site meetings were held at Sutton, and a quarterly custody operations meeting had also recently been introduced with representation from custody practitioners and managers from the three John Laing PFI sites in the MPS. This forum dealt with issues such as custody facilities, the custody assistant role, and procedure and good practice updates.
- 3.8 The suite was well staffed, with a mixture of permanent staff and sergeants taken from operational patrol teams. There was one permanent custody sergeant who worked four days a week (12-hour shifts). During times when he was not on duty, busy periods and refreshment breaks, sergeants from operational patrol teams were used. All sergeants had received nationally approved custody training, which was delivered corporately, before they were deployed in the custody suite. They received one-day refresher training every 18 months.
- 3.9 The BOCU had 20 designated detention officers (DDOs), whose duty times were aligned to core shifts. They had received custody training before they were deployed in the custody suite, which was delivered corporately. As part of Project Herald (workforce modernisation programme), DDOs booked detainees on to the NSPIS custody system once the custody sergeant had authorised detention. This system seemed to work well, with effective oversight from the custody sergeant. DDOs were line managed by the core shift sergeants. The BOCU did not use PCs as gaolers. The DDOs were supplemented by custody assistants (CAs), who were John Laing employees and line managed by a John Laing manager.
- 3.10 An inspector was the custody manager. In addition to managing the custody suite, he also had other portfolio responsibilities, as well as force-wide commitments, and he estimated that only a third of his time on average was spent dealing with custody matters. Line management arrangements were clear. The BOCU planned to have a dedicated full-time custody manager in place with the introduction of permanent custody sergeants.
- 3.11 Partnership arrangements were described as strong with good engagement with relevant criminal justice and health partners. An integrated prosecution team had recently been established at Sutton, allowing Crown Prosecution Service (CPS) and borough staff to work together in the same premises.
- 3.12 The ICV scheme was viewed by all parties as an important independent oversight mechanism. ICVs visited the custody suite regularly and were focused on prisoner welfare. They had an excellent record of visits, either meeting or exceeding their target for the past six years. They prepared a feedback report after each visit, and a member of MPA administrative staff produced summary reports for quarterly ICV panel meetings. Concerns identified by ICVs were addressed either immediately by the custody sergeant or longer-term by the custody manager. The ICV coordinator reported that ICVs had good relationships with custody staff in general.
- 3.13 We found evidence of quality assurance checks by the custody manager, who was required to dip sample approximately 10% of custody records a month. The checks followed a set checklist, and the details were recorded and discussed at the regular meetings between the custody manager and chief inspector operations. If any negative issues with individual staff were identified, they were addressed one to one by the custody manager and their patrol team shift inspector. There was, however, no routine dip sampling of CCTV recordings.
- 3.14 Newsletters from the Criminal Justice Directorate provided information and advice on detainee management, 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. The newsletters were sent to all custody

trained staff by the custody manager and subsequently stored in custody. They were supplemented with a BOCU custody newsletter and summary of near-miss reports, produced by the custody manager and sent to all custody trained staff.

- 3.15** 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 notebooks. This meant that there was no management information accessible from a local or force-wide perspective.

## **Recommendation**

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- 3.16** The Metropolitan Police Service should collate the use of force in accordance with the Association of Chief Police Officers policy and National Policing Improvement Agency guidance.



## 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

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- 4.1 Relationships between staff and detainees were professional and respectful, and particularly impressive between custody assistants (CAs) and detainees. The CAs demonstrated a detailed knowledge of the detainees in their care. One forensic medical examiner (FME) told us that he considered the approach of staff at Sutton to be among the best he had witnessed in the MPS.
- 4.2 Staff were aware of the broad range of needs of detainees held in the custody suite. The diverse needs of juveniles were well met, and we saw them being dealt with in an age-appropriate manner. Women detainees were offered the opportunity to speak to a female member of staff. There were some modifications to cater for detainees with disabilities, including low-level cell bells, but there were no hearing loops and all the cells had low-level plinths, which would present significant difficulties for those with mobility problems.
- 4.3 A Qur'an and Bible were available on request. There were no prayer mats available, and the direction of Mecca was not indicated in cells.
- 4.4 Professional telephone interpreting services were used when needed. Custody sergeants told us that in most instances in which face-to-face interpreters were needed, they arrived within a reasonable time of being called.
- 4.5 Booking-in desks were not too high but there was very little privacy for detainees while they were booked into custody, including the disclosure of personal information, and when making telephone calls.

### Recommendations

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- 4.6 There should be an impact assessment to identify any problems for detainees with disabilities held at the suite, and action taken to address these.
- 4.7 Booking-in areas should provide sufficient privacy to facilitate effective communication between staff and detainees.

### Housekeeping point

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- 4.8 Muslim prayer mats should be available, and the direction of Mecca indicated in cells.

### Safety

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- 4.9 Risk assessment of detainees on arrival was generally detailed and staff had an appropriate focus on their safety, although this was not always reflected in the custody records we viewed.

Staff were aware of triggers and potential for suicide or self-harm, and monitored and engaged well with any detainees at risk. Risk management plans were cautious and many detainees were routinely placed on 30-minute observations, sometimes when there was no obvious reason for this. We saw evidence that risk management plans were reviewed and amended as circumstances changed.

- 4.10 On the days the permanent sergeant worked, there were times when cover was required for short periods of about an hour, leading to several handovers. CAs also worked different hours to the DDOs, who were aligned to core shifts, and handed over at different times. Although handovers between custody sergeants contained all relevant information about risk factors and vulnerabilities of detainees, DDOs and CAs were not involved in this process, which had the potential for issues to be missed. The different shift systems and multiple handovers introduced unnecessary risk to the management of detainees. There were plans to address this through the introduction of full-time custody officers to cover all times and to align all staff working in custody to the same shift pattern.
- 4.11 Staff were clear about rousing detainees though to be under the influence of drink or drugs and were diligent in carrying out observations as required. Sightlines into the areas with cells were obscured by fire doors. All staff carried cell keys and ligature cutting tools.

## Use of force

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- 4.12 All custody suite staff received officer safety training twice a year. We were assured that force was generally used as a last resort, and this would be consistent with the general approach by staff, but records and monitoring were limited (see strategy). Staff told us they would call an FME if injuries had been sustained when force had been used, or at the request of the detainee concerned.

## Physical conditions

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- 4.13 Cells were clean, well maintained, graffiti-free and had natural light. No ligature points were identified. The use of cell call bells was explained to new arrivals and they were generally responded to promptly. A clear no-smoking policy was adhered to, and staff were aware of fire evacuation procedures.
- 4.14 DDOs in the custody suite carried out daily checks to identify health and safety, maintenance and cleanliness issues. The checklist for these checks was provided by the MPS Criminal Justice Directorate and was used throughout the MPS.
- 4.15 The custody manager carried out a monthly check of the facilities along with a manager from John Laing Integrated Services plc. Daily and monthly checks were recorded and stored in the custody suite, along with guidance from the Criminal Justice Directorate on how to carry out the checks and identify ligature points. There was also a specially made tool to assist the identification of ligature points in cells. The Criminal Justice Directorate reviewed checks annually.
- 4.16 There had been a police search advisers-led search within the past 12 months before a police station open day. The BOCU indicated that it would routinely repeat this before and after the planned annual open day.



## Personal comfort and hygiene

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- 4.17 Clean mattresses, pillows and blankets were available and provided as needed. We were told that CAs wiped down mattresses and pillows in between each use.
- 4.18 Hygiene packs were not routinely offered to female detainees although they were available. In the cells with CCTV coverage, the images of toilets were obscured. Detainees had to request toilet paper, and there were no handwashing facilities in cells.
- 4.19 Three showers were available but were not routinely offered to detainees. In our analysis of custody records, we found a case of one detainee held for 52 hours who had not been offered a shower. We were concerned that showers provided insufficient privacy and the changing area was visible on CCTV cameras covering the main cell corridors. Detainees had only paper towels to dry themselves.
- 4.20 There were supplies of replacement clothing and footwear, and underwear for women detainees, but we saw examples of detainees wearing paper suits when their clothes had been removed. In one case, a detainee on a self-harm constant watch had been issued with a paper suit, which was contrary to MPS policy. The type of paper suit used was particularly unsuitable for this purpose as it has a metal zip which could be used to self-harm. Family and friends were encouraged to bring in replacement clothing if needed.

## Recommendations

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- 4.21 All detainees held overnight, or who require one, should be offered a shower, which should take place in private.
- 4.22 Unless there is a forensic reason to do so, replacement clothes rather than paper suits should be given to detainees to wear when their clothes are removed, and in no circumstances should paper suits be used for detainees vulnerable to self-harm.

## Housekeeping points

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- 4.23 Female detainees should be offered hygiene packs routinely.
- 4.24 Fabric towels should be available for detainees.
- 4.25 Toilet paper should be provided in each cell (subject to risk assessment).

## Catering

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- 4.26 The three main meals provided to detainees during the day came from the station staff canteen. A variety of diets were catered for and detainees were offered choices. Detainees spoke well of the quality and quantity of food provided. Reasonable quality microwave meals were available outside regular mealtimes. Staff were trained in food hygiene. Drinks were provided regularly and could be requested by detainees. Food provided by family or friends of detainees was generally not permitted.

## Housekeeping point

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- 4.27 A temperature probe should be used to ensure microwaved meals are served at the correct temperature.

## Activities

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- 4.28 There was a small exercise yard with seating but detainees were not routinely offered the opportunity for fresh air. Examples of use of the yard were rare. There was a small but good stock of books, magazines and daily newspapers, which were regularly offered to detainees. However, there were no easy-read publications or any in foreign languages. Visits were only authorised under exceptional circumstances.

## Housekeeping point

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- 4.29 Detainees should be informed routinely that outside exercise is available on request.

## 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

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- 5.1 Custody sergeants were clear about their obligations to ensure that detention was appropriate, and we saw them questioning arresting officers to establish the reason for authorising detention. Custody sergeants told us that limited alternatives to detention were available to police officers, who tended to arrest and process the suspect through the custody suite.
- 5.2 In the custody records we reviewed, there were some examples of sergeants who were proactive in expediting the time detainees spent in custody, and many in our custody record sample had been held for less than six hours. However, we did not always observe this in practice and it was sometimes not immediately apparent that expediting the time that detainees were held was actively pursued. Some solicitors told us that this was a concern raised by their clients.
- 5.3 Custody sergeants were clear about the role and function of the custody centre as a place of detention only and said they would not permit it to be used as a formal place of safety for children and young people under Section 46 of the Children Act 1989.
- 5.4 Liaison with the UK Border Agency was described as reasonable, but the length of time that immigration detainees were kept in the custody suite before they were moved varied. In the year to January 2011, 79 detainees had been held at Sutton for immigration matters with an average of 21 hours in custody. While the norm was typically less than this, some detainees were still waiting long periods for UKBA to respond. The longest wait in this period had been 64 hours.
- 5.5 Detainees were routinely asked if they had responsibility for any dependants, and appropriate action was taken if needed. There was a detailed process to carry out pre-release risk assessments, which prompted sergeants to consider a range of relevant issues. This was an excellent local initiative that resulted in detailed consideration of risk factors when releasing vulnerable detainees.

### Recommendation

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- 5.6 Senior police officers should engage with the UK Border Agency to ensure that the detention of immigration detainees lasts no longer than 24 hours.

### Good practice

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- 5.7 *The detailed pre-release risk assessment prompt sheet provided to custody sergeants resulted in some excellent assessments of detainees before their release.*

## Rights relating to PACE

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- 5.8 During the booking-in process, custody sergeants or DDOs explained to detainees their rights and entitlements, and an up-to-date copy of the PACE Codes of Practice was available for them to read. Rights and entitlements were explained on a leaflet that was also available in a range of languages on the MPS intranet, although some DDOs could not find these. Observations and our analysis of custody records indicated that PACE reviews usually took place on time. We observed custody staff asking detainees for details of someone they would like informed of their detention, and they contacted them accordingly.
- 5.9 Solicitors told us they were satisfied that detainees' rights were properly upheld, although they had very occasionally been unexplained delays in solicitors being contacted. They said they were provided with copies of custody records on request.
- 5.10 Family members or friends were usually contacted if an appropriate adult (AA) was required. If this was not possible or appropriate, there was a positive local initiative, jointly funded by the police and local authority, to run the AA scheme in the BOCU. A paid and energetic coordinator ran a large team of volunteers to provide AAs. They were deployed for both juveniles and vulnerable adults, and had received a range of specialist training to deal with these groups. Staff were very positive about the service provided, which was available between 8am and 10pm. The out-of-hours gap was covered by the social services emergency duty team, although in practice they rarely attended. The force adhered to the PACE definition of a child (as a person under 17) instead of the Children Act definition (as a person under 18), which meant those aged 17 were not given an AA unless they were otherwise deemed to be vulnerable. Police were aware of the requirements for local authorities to provide place of safety beds for juveniles but told us these were not available.
- 5.11 The handling and processing of DNA samples was very good. There were clear procedures for continuity of evidence and collection of DNA samples.
- 5.12 Court cut-off times were usually around 3pm but could be earlier, although there was some flexibility. Sutton operated a pilot for a virtual court (appearance before the magistrate by video link), which appeared to be working well.

## Recommendations

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- 5.13 Appropriate adults should be available out of hours and also to support juveniles aged 17.
- 5.14 Senior police officers should engage with the local authorities in London to ensure the provision of place of safety beds for juveniles.

## Housekeeping point

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- 5.15 Designated detention officers should be aware of how to access information about rights and entitlements in a range of languages on the MPS intranet.

## Good practice

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- 5.16 *The borough operational command unit and the local authority had jointly funded an appropriate adult coordinator, which had resulted in an excellent service to both juveniles and vulnerable adults during the working day.*

## Rights relating to treatment

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- 5.17 We were told by staff that any complaints from detainees were referred to the duty inspector for action. The duty inspectors said that, in general, they would speak to the detainee to gauge the nature of the complaint and agree with them to record the complaint officially once the detainee had been released. However, as the duty inspectors were also operational, there were occasions when they were unavailable to take the complaint at the time of the detainee's release. In such cases, we were told that the detainee would be contacted at home at a later date, although we were unable to verify if this happened. There was also no procedure to take complaints from detainees who were not released from police custody – that is, taken to court and remanded in custody.

## Recommendation

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- 5.18 Detainees should routinely be told how to make a complaint in line with the Independent Police Complaints Commission statutory guidance<sup>4</sup> and, unless there is a clear reason not to do so, complaints should be taken while they are still in police custody.

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<sup>4</sup> IPCC statutory guidance (2010)



## 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

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- 6.1 The MPS forensic health service (FHS) employed forensic medical examiners (FMEs) to provide health care at Sutton police custody suite. A nursing service was due to be introduced by the end of 2011. Detainees could not choose the gender of the FME examining them, but female chaperones were available if required. Professional interpreting services were available via telephone or face to face.
- 6.2 Clinical governance arrangements for FMEs were not robust and it was unclear how the FHS assured itself that FMEs had received appropriate credentials checking, appraisal, supervision and training. FMEs told us that training opportunities previously provided by the MPS had now ceased, as had monthly peer support meetings. FMEs were responsible for maintaining their own professional registration and ongoing professional training. The FMEs believed that there was no formal system to verify locum doctors' qualifications.
- 6.3 Not all FMEs were approved clinicians under Section 12 of the Mental Health Act; their backgrounds were from general practice and other medical specialties. Communication between custody staff and FMEs was good, although there was no regular formal forum.
- 6.4 The FME room at Sutton was large, bright and of a high standard. One FME described the facility as 'the most impressive custody suite in South London'. The room was clean and tidy and was accessed from the main custody areas. The examination couch was robust but its height could not be varied, which could be a hazard for FMEs. There were multiple out-of-date stock items in the cupboards. A custody assistant team leader had been assigned responsibility for the FME room and had commenced rationalising the stock before our visit. There was good attention to the privacy and confidentiality of detainees during consultations with the door being closed, although there were no privacy screens.
- 6.5 Infection control systems were not robust and there was no evidence of an infection control audit. Cleaning schedules were not displayed, although the FME room was cleaned daily and cleanliness was monitored by the custody assistant team leader. The FME room was clinically clean.
- 6.6 The management of medicines was undertaken by the custody assistant team leader and was very good, with stock control and daily checks of both generic and controlled drugs. There were several out-of-date prescribing reference books and guides.
- 6.7 Emergency equipment, including an automatic external defibrillator, was located behind the custody desk. It was in date and checked by the custody assistant team leader. There was no epipen (adrenaline), airways or oxygen available. We were informed that there had been a problem in obtaining adrenaline but that it was now in stock and available to order; and that it was not FHS policy to deploy airways. Health care professionals and custody staff knew how to use the equipment and received regular emergency life support training.

## Recommendations

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- 6.8 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 (FMEs), including locums.
- 6.9 There should be clear infection control procedures, and compliance with these should be subject to audit.
- 6.10 The forensic health service should review its policy on the range of equipment and drugs available to health care professionals for use in emergencies, specifically airways, oxygen and adrenaline.

## Housekeeping points

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- 6.11 The inspector responsible for custody should introduce a regular meeting with a representative of the MPS forensic health service.
- 6.12 The examination couch in the FME consultation room should have variable height adjustment.
- 6.13 Out-of-date stock items in the FME consultation room should be removed.
- 6.14 A privacy screen should be provided in the FME consultation room.
- 6.15 Out-of-date drug reference books should be removed and replaced by up-to-date material.

## Patient care

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- 6.16 There was a published FME rota with the name and telephone number for custody staff to call for medical assistance. New arrivals were asked if they wanted to see a FME and over a third of detainees (11 out of 30 in our survey of custody records) had seen one. Custody sergeants referred detainees to the FME if they had health-related concerns about them.
- 6.17 FME response times were entered on the custody record, and custody staff reported that there were delays. In our analysis of custody records, FME response times averaged two hours 48 minutes, but several were over four hours and one was eight hours, which were unacceptable. The longest waits were at night. One female detainee on medication for back pain and depression waited eight hours – between midnight and 8am – to see a doctor. The detention log noted several calls to the doctor, as there was no reply. Three detainees in our sample of custody records came into custody with an injury and were all seen by an FME. However, one had cuts from self-harming from before his arrest and waited over three hours to see an FME.
- 6.18 Detainees were asked if they were on prescribed medication and, if necessary, officers collected personal medication from their home. Administration of the medicine by the DDOs was recorded on NSPIS. Substance users registered with a GP or drug services could get symptomatic relief from the FME. Prescribing and administration of methadone was by the FME and followed guidelines. Methadone was never administered within the first six hours of a detainee's arrival in custody, to avoid overdose. However, as symptomatic relief and methadone depended on the attendance of the FME, administration was often delayed.



- 6.19 FMEs and custody staff referred to NSPIS, which contained data fields for health care entries. The FME left sufficient clinical information on NSPIS to guide custody staff in the health care of detainees. FMEs made their own clinical notes that they took away with them for private storage.
- 6.20 There was a comprehensive information sharing agreement, signed in 2008, between the Sutton BOCU, Sutton and Merton Primary Care Trust, South West London and St George's Mental Health Trust and other public service agencies, including the ambulance and fire services.

## Recommendation

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- 6.21 **FMEs should ensure that all clinical records are stored in accordance with the Data Protection Act and Caldicott guidance on the confidentiality of personal health information.**

## Substance use

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- 6.22 Drug services were provided by Cranstoun Drug Services, a registered charity. A drug intervention programme (DIP) worker was based at Sutton on weekdays between 7am and 10pm. DIP workers also covered Sutton Magistrates' Court, so they could follow the progress of substance users through the judicial process. Out-of-hours custody staff allotted detainees who required support to pre-arranged appointments with the DIP worker.
- 6.23 We observed a DIP worker going to cells offering support to known substance users and other detainees. Detainees taken into custody overnight were checked in the morning and any who tested positive to drugs were assessed and followed up in custody and on release. The DIP worker liaised with custody sergeants and was alerted whenever an offence triggered a drug test. Where necessary, a care plan was completed and detainees were signposted to community services, including the local needle exchange service if necessary.
- 6.24 According to our survey of custody records, 40% of detainees (12 out of 30) were intoxicated on arrival into custody, 83% of whom were seen by a FME – although none were recorded as having been referred to a DIP worker. Detainees with alcohol problems were signposted to local charities specialising in alcohol dependence. The DIP worker supported detainees to make contact with the psychiatric services if required, and assisted homeless detainees to identify their housing needs. Juveniles were signposted to age-appropriate substance use services.

## Mental health

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- 6.25 In our analysis of custody records, 20% of detainees (six out of 30) had mental health problems. Mental health services were provided by the South West London and St George's Mental Health Trust. There was a police borough mental health liaison officer (MHLO) and relationships with the Trust were said to be good.
- 6.26 No mental health workers were based in the custody suite and there was no criminal justice diversion scheme in Sutton. The MHLO had created a safeguarding of vulnerable adults database, launched just before our visit. It was envisaged that the database would help police constables to identify more efficiently adults known to the police but who were vulnerable

because of mental health problems, and to assist them to get help from mental health services and avoid being taken into custody.

- 6.27 Detainees with mental health concerns were initially seen by the FME who, when necessary, requested the involvement of an approved mental health professional (AMHP) for a Mental Health Act assessment. AMHPs were said to be very supportive. Detainees with mental health problems were put in cells with CCTV to minimise the risk of harm and, if required, DDOs provided a 30-minute or constant watch. We were told that custody staff had received some mental health awareness training.
- 6.28 There was a mental health protocol signed in 2008 by the Trust, London Ambulance Service and Sutton police. It covered agreements about the working of Sections 135 and 136 of the Mental Health Act and elements of the Mental Capacity Act. Although the NHS Section 136 suite was 40 minutes away at Springfield Hospital, which caused transport problems, it was used frequently – on 12 occasions in January and February 2011. The police custody suite at Sutton was not used as a place of safety.

# 7. Summary of recommendations

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<b>Main recommendations</b>	<b>To the Metropolitan Police Service</b>
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- 7.1 Shift handovers should include all staff working in custody and cover issues relevant to the detainees held. (2.20)
- 7.2 Health care professionals should attend when needed within a reasonable time scale. (2.21)

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<b>Recommendations</b>	<b>To the Metropolitan Police Service</b>
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### **Strategy**

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- 7.3 The Metropolitan Police Service should collate the use of force in accordance with the Association of Chief Police Officers policy and National Policing Improvement Agency guidance. (3.16)

### **Treatment and conditions**

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- 7.4 There should be an impact assessment to identify any problems for detainees with disabilities held at the suite, and action taken to address these. (4.6)
- 7.5 Booking-in areas should provide sufficient privacy to facilitate effective communication between staff and detainees. (4.7)
- 7.6 All detainees held overnight, or who require one, should be offered a shower, which should take place in private. (4.21)
- 7.7 Unless there is a forensic reason to do so, replacement clothes rather than paper suits should be given to detainees to wear when their clothes are removed, and in no circumstances should paper suits be used for detainees vulnerable to self-harm. (4.22)

### **Individual rights**

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- 7.8 Senior police officers should engage with the UK Border Agency to ensure that the detention of immigration detainees lasts no longer than 24 hours. (5.6).
- 7.9 Appropriate adults should be available out of hours and also to support juveniles aged 17. (5.13)
- 7.10 Senior police officers should engage with the local authorities in London to ensure the provision of place of safety beds for juveniles. (5.14)
- 7.11 Detainees should routinely be told how to make a complaint in line with the Independent Police Complaints Commission statutory guidance<sup>5</sup> and, unless there is a clear reason not to do so, complaints should be taken while they are still in police custody. (5.18)

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<sup>5</sup> IPCC statutory guidance (2010)

## **Health care**

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- 7.12 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 (FMEs), including locums. (6.8)
- 7.13 There should be clear infection control procedures, and compliance with these should be subject to audit. (6.9)
- 7.14 The forensic health service should review its policy on the range of equipment and drugs available to health care professionals for use in emergencies, specifically airways, oxygen and adrenaline. (6.10)
- 7.15 FMEs should ensure that all clinical records are stored in accordance with the Data Protection Act and Caldicott guidance on the confidentiality of personal health information. (6.21)

## **Housekeeping points**

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### **Treatment and conditions**

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- 7.16 Muslim prayer mats should be available, and the direction of Mecca indicated in cells. (4.8)
- 7.17 Female detainees should be offered hygiene packs routinely. (4.23)
- 7.18 Fabric towels should be available for detainees. (4.24)
- 7.19 Toilet paper should be provided in each cell (subject to risk assessment). (4.25)
- 7.20 A temperature probe should be used to ensure microwaved meals are served at the correct temperature. (4.27)
- 7.21 Detainees should be informed routinely that outside exercise is available on request. (4.29)

### **Individual rights**

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- 7.22 Designated detention officers should be aware of how to access information about rights and entitlements in a range of languages on the MPS intranet. (5.15)

## **Health care**

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- 7.23 The inspector responsible for custody should introduce a regular meeting with a representative of the MPS forensic health service. (6.11)
- 7.24 The examination couch in the FME consultation room should have variable height adjustment. (6.12)
- 7.25 Out-of-date stock items in the FME consultation room should be removed. (6.13)
- 7.26 A privacy screen should be provided in the FME consultation room. (6.14)

- 7.27 Out-of-date drug reference books should be removed and replaced by up-to-date material. (6.15)

### Good practice

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- 7.28 The detailed pre-release risk assessment prompt sheet provided to custody sergeants resulted in some excellent assessments of detainees before their release. (5.7)
- 7.29 The borough operational command unit and the local authority had jointly funded an appropriate adult coordinator, which had resulted in an excellent service to both juveniles and vulnerable adults during the working day. (5.16)

## Appendix I: Inspection team

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Sean Sullivan	HMIP team leader
Gary Boughen	HMIP inspector
Kellie Reeve	HMIP inspector
Mark Ewan	HMIC inspector
Paul Tarbuck	HMIP health care inspector
Huw Jenkins	CQC inspector
Roger James	CQC inspector
Laura Nettleingham	HMIP senior researcher
Amy Summerfield	HMIP researcher

# Appendix II: Summary of detainee questionnaires and interviews

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## **Prisoner survey methodology**

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

## **Choosing the sample size**

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The survey was conducted on the 22<sup>nd</sup> February 2011. A list of potential respondents to have passed through Sutton police station was created, listing all those who had arrived from Sutton Magistrates court within the past three months.<sup>6</sup>

## **Selecting the sample**

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In total 17 respondents were approached. 10 respondents reported being held in police stations outside of Sutton. On the day, the questionnaire was offered to seven respondents and all returned a completed questionnaire. All of those sampled had been in custody within the last three months.

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

## **Methodology**

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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.

## **Response rates**

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

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<sup>6</sup> 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 police custody suites over a longer period of time.

## **Summary**

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A summary of the survey results is attached. This shows a breakdown of the responses for each question.



# Police custody survey

## Section 1: About you

- Q1 Name (optional):**
- Q2 What police station were you last held at?**
- Q3 How old are you?**
- |                          |                         |   |
|--------------------------|-------------------------|---|
| 16 years or younger..... | 040-49 years.....       | 1 |
| 17-21 years .....        | 150-59 years.....       | 1 |
| 22-29 years .....        | 460 years or older..... | 0 |
| 30-39 years .....        | 0                       |   |
- Q4 Are you:**
- |                              |   |
|------------------------------|---|
| Male.....                    | 7 |
| Female .....                 | 0 |
| Transgender/transsexual..... | 0 |
- Q5 What is your ethnic origin?**
- |  |   |
|--|---|
| White - British.....                             | 7 |
| White - Irish .....                              | 0 |
| White - other.....                               | 0 |
| Black or black British - Caribbean.....          | 0 |
| Black or black British - African .....           | 0 |
| Black or black British - other.....              | 0 |
| Asian or Asian British - Indian.....             | 0 |
| Asian or Asian British - Pakistani.....          | 0 |
| Asian or Asian British - Bangladeshi .....       | 0 |
| Asian or Asian British - other .....             | 0 |
| Mixed heritage - white and black Caribbean ..... | 0 |
| Mixed heritage - white and black African .....   | 0 |
| Mixed heritage- white and Asian .....            | 0 |
| Mixed heritage - other .....                     | 0 |
| Chinese .....                                    | 0 |
| Other ethnic group .....                         | 0 |
- Q6 Are you a foreign national (i.e. you do not hold a British passport, or you are not eligible for one)?**
- |           |   |
|-----------|---|
| Yes ..... | 0 |
| No .....  | 7 |
- Q7 What, if any, would you classify as your religious group?**
- |                                    |   |
|------------------------------------|---|
| None.....                          | 1 |
| Church of England .....            | 4 |
| Catholic .....                     | 2 |
| Protestant.....                    | 0 |
| Other Christian denomination ..... | 0 |
| Buddhist.....                      | 0 |

Hindu .....	0
Jewish .....	0
Muslim.....	0
Sikh .....	0

<b>Q8</b>	<b>How would you describe your sexual orientation?</b>	
	<i>Straight/heterosexual</i> .....	7
	<i>Gay/lesbian/homosexual</i> .....	0
	<i>Bisexual</i> .....	0

<b>Q9</b>	<b>Do you consider yourself to have a disability?</b>	
	<i>Yes</i> .....	0
	<i>No</i> .....	7

<b>Q10</b>	<b>Have you ever been held in police custody before?</b>	
	<i>Yes</i> .....	7
	<i>No</i> .....	0

## Section 2: Your experience of this custody suite

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

<b>Q11</b>	<b>How long were you held at the police station?</b>	
	<i>Less than 24 hours</i> .....	4
	<i>More than 24 hours, but less than 48 hours (2 days)</i> .....	3
	<i>More than 48 hours (2 days), but less than 72 hours (3 days)</i> .....	0
	<i>72 hours (3 days) or more</i> .....	0

<b>Q12</b>	<b>Were you given information about your arrest and your entitlements when you arrived there?</b>	
	<i>Yes</i> .....	6
	<i>No</i> .....	1
	<i>Don't know/can't remember</i> .....	0

<b>Q13</b>	<b>Were you told about the Police and Criminal Evidence (PACE) codes of practice (the 'rule book')?</b>	
	<i>Yes</i> .....	3
	<i>No</i> .....	4
	<i>I don't know what this is/I don't remember</i> .....	0

<b>Q14</b>	<b>If your clothes were taken away, were you offered different clothing to wear?</b>	
	<b><i>My clothes were not taken</i></b> .....	4
	<i>I was offered a tracksuit to wear</i> .....	1
	<i>I was offered an evidence/paper suit to wear</i> .....	1
	<i>I was offered a blanket</i> .....	0
	<i>Nothing</i> .....	1

<b>Q15</b>	<b>Could you use a toilet when you needed to?</b>	
	<i>Yes</i> .....	7
	<i>No</i> .....	0
	<i>Don't know</i> .....	0

<b>Q16</b>	<b>If you have used the toilet there, was toilet paper provided?</b>						
	Yes .....					3	
	No .....					4	
<b>Q17</b>	<b>Did you share a cell at the police station?</b>						
	Yes .....					0	
	No .....					7	
<b>Q18</b>	<b>How would you rate the condition of your cell:</b>						
		<i>Good</i>		<i>Neither</i>		<i>Bad</i>	
	Cleanliness	2		5		0	
	Ventilation/air quality	2		1		4	
	Temperature	1		2		4	
	Lighting	2		4		1	
<b>Q19</b>	<b>Was there any graffiti in your cell when you arrived?</b>						
	Yes .....					2	
	No .....					5	
<b>Q20</b>	<b>Did staff explain to you the correct use of the cell bell?</b>						
	Yes .....					0	
	No .....					7	
<b>Q21</b>	<b>Were you held overnight?</b>						
	Yes .....					7	
	No .....					0	
<b>Q22</b>	<b>If you were held overnight, which items of clean bedding were you given?</b>						
	<i>Not held overnight</i> .....					0	
	<i>Pillow</i> .....					0	
	<i>Blanket</i> .....					7	
	<i>Nothing</i> .....					0	
<b>Q23</b>	<b>Were you offered a shower at the police station?</b>						
	Yes .....					0	
	No .....					7	
<b>Q24</b>	<b>Were you offered any period of outside exercise while there?</b>						
	Yes .....					1	
	No .....					6	
<b>Q25</b>	<b>Were you offered anything to:</b>						
			<i>Yes</i>		<i>No</i>		
	Eat?		6		0		
	Drink?		6		1		
<b>Q26</b>	<b>What was the food/drink like in the police custody suite?</b>						
		<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>	<i>N/A</i>
		0	1	0	2	4	0

<b>Q27</b>	<b>Was the food/drink you received suitable for your dietary requirements?</b>			
	<i>I did not have any food or drink</i> .....		0	
	Yes.....		1	
	No.....		6	
<b>Q28</b>	<b>If you smoke, were you offered anything to help you cope with the smoking ban there?</b>			
	<i>I do not smoke</i> .....		1	
	<i>I was allowed to smoke</i> .....		0	
	<i>I was not offered anything to cope with not smoking</i> .....		6	
	<i>I was offered nicotine gum</i> .....		0	
	<i>I was offered nicotine patches</i> .....		0	
	<i>I was offered nicotine lozenges</i> .....		0	
<b>Q29</b>	<b>Were you offered anything to read?</b>			
	Yes.....		0	
	No.....		7	
<b>Q30</b>	<b>Was someone informed of your arrest?</b>			
	Yes.....		2	
	No.....		5	
	<i>I don't know</i> .....		0	
	<i>I didn't want to inform anyone</i> .....		0	
<b>Q31</b>	<b>Were you offered a free telephone call?</b>			
	Yes.....		3	
	No.....		4	
<b>Q32</b>	<b>If you were denied a free phone call, was a reason for this offered?</b>			
	<i>My telephone call was not denied</i> .....		4	
	Yes.....		0	
	No.....		3	
<b>Q33</b>	<b>Did you have any concerns about the following, while you were in police custody?</b>			
		Yes	No	
	Who was taking care of your children	0	5	
	Contacting your partner, relative or friend	5	2	
	Contacting your employer	1	4	
	Where you were going once released	2	3	
<b>Q34</b>	<b>Were you interviewed by police officials about your case?</b>			
	Yes.....		7	
	No.....		0 If No, go to Q36	
<b>Q35</b>	<b>Were any of the following people present when you were interviewed?</b>			
		Yes	No	Not needed
	Solicitor	3	4	0
	Appropriate Adult	0	4	1
	Interpreter	0	4	1
<b>Q36</b>	<b>How long did you have to wait for your solicitor?</b>			
	<i>I did not requested a solicitor</i> .....		3	
	<i>2 hours or less</i> .....		0	

Over 2 hours but less than 4 hours .....	3
4 hours or more .....	1

### **Section 3: Safety**

<b>Q38</b>	<b>Did you feel safe there?</b>	
	Yes .....	6
	No .....	1
<b>Q39</b>	<b>Had another detainee or a member of staff victimised (insulted or assaulted) you there?</b>	
	Yes .....	4
	No .....	3
<b>Q40</b>	<b>If you have felt victimised, what did the incident involve? (Please tick all that apply to you.)</b>	
	<i>I have not been victimised</i> .....	3
	<i>Insulting remarks (about you, your family or friends)..</i> .....	3
	<i>Physical abuse (being hit, kicked or assaulted).....</i> .....	1
	<i>Sexual abuse</i> .....	0
	<i>Your race or ethnic origin.....</i> .....	0
	<i>Drugs</i> .....	0
	<i>Because of your crime</i> .....	1
	<i>Because of your sexuality</i> .....	0
	<i>Because you have a disability</i> .....	0
	<i>Because of your religion/religious beliefs</i> .....	0
	<i>Because you are from a different part of the country than others</i> .....	0
<b>Q41</b>	<b>Were your handcuffs removed on arrival at the police station?</b>	
	Yes .....	4
	No .....	3
	<i>I wasn't handcuffed</i> .....	0
<b>Q42</b>	<b>Were you restrained whilst in the police custody suite?</b>	
	Yes .....	1
	No .....	6
<b>Q43</b>	<b>Were you injured while in police custody, in a way that you feel was not your fault?</b>	
	Yes .....	0
	No .....	5
<b>Q44</b>	<b>Were you told how to make a complaint about your treatment if you needed to?</b>	
	Yes .....	1
	No .....	5

### **Section 4: Health care**

<b>Q46</b>	<b>Did you need to take any prescribed medication when you were in police custody?</b>	
	Yes .....	2
	No .....	5
<b>Q47</b>	<b>Were you able to continue taking your prescribed medication while there?</b>	
	<i>Not taking medication</i> .....	5
	Yes .....	1
	No .....	1
<b>Q48</b>	<b>Did someone explain your entitlements to see a health care professional if you needed to?</b>	
	Yes .....	2

No ..... 5  
 Don't know ..... 0

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

	Yes	No
Doctor	2	5
Nurse	0	7
Paramedic	0	7
Psychiatrist	0	7

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

Yes ..... 2  
 No ..... 2  
 Don't know ..... 3

**Q51 Did you have any drug or alcohol problems?**

Yes ..... 3  
 No ..... 4

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

*I didn't have any drug/alcohol problems* ..... 4  
 Yes ..... 1  
 No ..... 2

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

*I didn't have any drug/alcohol problems* ..... 4  
 Yes ..... 1  
 No ..... 2

**Q54 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>
5	0	2	0	0	0

**Q55 Did you have any specific physical health care needs?**

No ..... 6  
 Yes ..... 1

**Q56 Did you have any specific mental health care needs?**

No ..... 5  
 Yes ..... 2