Report on an unannounced inspection of the

short-term holding facility at

Cayley House and detainees under escort at Heathrow

by HM Chief Inspector of Prisons

20–21 February 2018

Glossary of terms

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Fact page

Task of the establishment
To hold immigration detainees before their removal from the UK

Location
Heathrow Airport, near terminal 3 (airside)

Name of contractor
Tascor (part of Capita plc)

Last inspection
1 October 2014

Escort provider
Tascor

Introduction

With over 75 million arrivals or departures each year, Heathrow is used by more passengers than any airport in Europe. The Home Office returns many foreign nationals to their countries through the airport. Cayley House, a short-term holding facility located airside near Terminal 3, is used to hold many detainees in the final hours before their removal. Most of them have been transferred from immigration removal centres. Tascor runs the facility on behalf of the Home Office. The facility is open 24 hours a day, 365 days a year.

During the previous three months, 891 detainees had been held, far fewer than before our last inspection in 2014. Detainees were held for an average of seven hours 38 minutes, longer than at our previous inspection.

For most detainees the facility provided an adequate environment but had progressed little since our last inspection, and most recommendations had not been achieved. These included poor initial safety interviews, escorting arrangements resulting in excessive periods of detention, inadequate sleeping facilities, poor awareness of diversity and use of interpreters, and weak support to help detainees with removal. Such problems are likely to continue without concerted management action by the Home Office and the contractor.

The Independent Monitoring Board's (IMB) regular visits to the facility had been suspended until they had an opportunity to complete a health and safety course required by the airport authorities. The airport authorities had required IMB members to attend a health and safety course before being allowed airside. On the first day of our inspection, 13 detainees were held and on the second day 12 were held.

About this inspection and report

Her Majesty's Inspectorate of Prisons is an independent, statutory organisation which reports on the treatment and conditions of those detained in prisons, young offender institutions, immigration detention facilities and police custody.

All inspections carried out by HM Inspectorate of Prisons 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 Inspectorate of Prisons is one of several bodies making up the NPM in the UK.

All Inspectorate of Prisons reports carry a summary of the conditions and treatment of detainees, based on the four tests of a healthy prison that were first introduced in this inspectorate's thematic review *Suicide is everyone's concern*, published in 1999. The tests have been modified to fit the inspection of short-term holding facilities, both residential and non-residential. The tests for short-term holding facilities are:

> **Safety** – that detainees are held in safety and with due regard to the insecurity of their position
>
> **Respect** – that detainees are treated with respect for their human dignity and the circumstances of their detention[1]
>
> **Preparation for removal and release** – that detainees are able to maintain contact with family, friends, support groups, legal representatives and advisers, access information about their country of origin and be prepared for their release, transfer or removal. Detainees are able to retain or recover their property.

Inspectors kept fully in mind that although these were custodial facilities, detainees were not held because they had been charged with a criminal offence and had not been detained through normal judicial processes.

[1] Non-residential STHFs are unsuitable for long stays and detainees should not be held in them for more than a few hours. This limits what activities can or need to be provided. We will therefore report any notable issues concerning activities in the accommodation and facilities section.

Summary

S1 At our inspection in October 2014, we made 20 recommendations, seven of which we found at this inspection were achieved, one was partially achieved and 12 were not achieved.

S2 Vehicles used to transport detainees were clean and in good condition and carried first aid kits. Arrival procedures and induction were brief. Risk, safeguarding and welfare needs were not assessed adequately. Detainee custody officers (DCOs) did not read all the paperwork arriving with detainees. DCOs did not routinely use telephone interpreting to communicate with detainees who struggled to speak English.

S3 DCOs knew little of the Home Office 'adult at risk of harm in detention' policy. Very few detainees on ACDTs[2] had been held in the previous three months. DCOs carried anti-ligature knives. The incident reports that we reviewed showed good intervention and de-escalation by DCOs in the rare cases of self-harm. Staff protected detainees from victimisation by other detainees. Force was used appropriately in the few incidents when it occurred. However, more robust risk assessment by Home Office managers may have prevented one incident. The investigations into excessive use of force by the Home Office Professional Standards Unit were very good.

S4 Children were rarely held in the facility, with only two child detentions in the previous three months. In both cases the children were accompanied but one child was held for almost seven hours. The facility was not suitable for such long detentions.

S5 Immigration enforcement officers from the Home Office scheduled returns team were not always available to answer queries face to face. During the previous three months, 3% of all detentions had been for more than 24 hours, again too long in such conditions. Detainees could contact solicitors by telephone but not by email and permission from the Home Office had to be requested before they could use the fax.

S6 The holding rooms provided an adequate environment for short stays but not for overnight stays. Rooms and toilets were generally clean but there was some graffiti and the facility required redecoration. Showers were poorly ventilated. Detainees were not allowed to smoke which DCOs said caused unnecessary tensions. DCOs offered nicotine gum but not e-cigarettes.

S7 DCOs were polite and respectful to detainees but did not focus enough on their welfare and safeguarding needs. Most DCOs knew how to assist detainees with disabilities and had a basic awareness of diversity issues, but there was little refresher training or understanding of protected characteristics. It was unclear if the complaints box was emptied regularly as the log was often not completed. DCOs no longer used medical triage. In emergencies they called the airport medic but low-level medical needs were sometimes not addressed.

S8 DCOs did not systematically check that detainees could get to their ultimate destination. Detainees were unaware of the procedure for requesting additional money to reach their final destination. Escorted journeys between the facility and aircraft were handled sensitively. Detainees were not unduly visible to other passengers. Force was not used to get non-compliant detainees on to aircraft, but rather removals were cancelled and rescheduled with overseas escorts.

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[2] Assessment, care in detention and teamwork case management of detainees at risk of suicide or self-harm.

Section 1. Safety

Arrival and reception

Expected outcomes:
Detainees travelling to and arriving at the facility are treated with respect and care. Risks are identified and acted on. Induction is comprehensive.

1.1 Most detainees arrived from immigration removal centres (IRCs) but others came from police stations, prisons and other short-term holding facilities (STHFs) at Heathrow. A small number were detained under Operation Perceptor which aimed to remove people from the community who had no right to live in the UK. They were required to report to a Home Office reporting centre where they were interviewed, detained and taken to the airport for removal on the same day.

1.2 Vehicles used to transport detainees to and around the airport were safe, clean and reasonably comfortable and contained first aid kits. The vehicles introduced in 2016 had more luggage space than the older vans.

1.3 Detainees were still transferred to the facility at night which in many cases was unavoidable because of early morning flights. The ban on bringing detainees to the airport more than five hours before their flight had been extended to eight hours for operational reasons which resulted in some long detentions (see paragraph 1.41).

1.4 Security logistics were complicated and journey times to the facility were long. For example, it took almost five hours for one detainee to travel the 52 miles from Campsfield IRC to the facility. Detainees from most IRCs had to transfer to a vehicle that was security cleared to enter the airport. This 'cross decking' was completed at a Tascor depot at Heston, near Hounslow. This second vehicle could only pass through airport security at a pre-allotted time and some detainees had long waits on vehicles outside the airport.

1.5 During our inspection, one detainee travelled by plane from Dungavel IRC via Glasgow airport, avoiding a lengthy journey by road. Detainees alighted from vehicles quickly outside Cayley House out of the sight of other passengers.

1.6 Detainee custody managers (DCMs) had a good understanding of which detainees were being transported to the facility that day. We saw a DCM telephone the Tascor operations centre regularly for updates on movements to and from the facility.

1.7 All detainees arrived with the correct documentation, including the authority to detain (IS91), person escort records (PERs) and movement orders. The documents that we reviewed were completed correctly and contained important risk information. However, detainee custody officers (DCOs) at the facility failed to read all the documents to assess the risks and welfare needs of new arrivals.

1.8 A DCO interviewed arrivals briefly at the busy reception desk. Interpreting was not used for some detainees who could not speak English (see paragraph 1.45 and recommendation 1.48). Risk, safeguarding and welfare needs were not assessed well enough. DCOs did not use the private interview room in the facility to assess risk.

1.9 DCOs were courteous and welcoming to new arrivals. Detainees received a rub-down search in private and were given a brief tour of the facility. The rules on mobile phones were explained and they were offered hot food and drinks and a shower shortly after arrival.

Luggage was stored securely in a locked room and detainees could ask to retrieve items while at the facility. The gender ratio of staff was suitable for the population and we were told that female DCOs were always on duty.

1.10 We spoke to some detainees through a telephone interpreter and found that they had unmet needs. For example, a Portuguese speaker told us that she wanted to phone her sister but did not know how to, that some of her luggage was missing and that she had a headache and felt dizzy. Another detainee told us that he wanted to use an airport cash machine to withdraw money for his onward journey. DCOs had not identified any of these needs.

Recommendations

1.11 **Risk information on detainees being removed from the country should be fully recorded and systematically and accurately communicated to all parties involved in a removal**. (Repeated recommendation 1.7)

1.12 **On arrival, detainees should be interviewed privately to establish any immediate needs, offered a free telephone call and advised how to make further calls thereafter.** (Repeated recommendation 1.15)

Safeguarding and personal safety

Expected outcomes:
The facility promotes the welfare of all detainees and protects them from all kinds of harm and neglect. The facility provides a safe environment which reduces the risk of self-harm and suicide. Detainees are protected from bullying and victimisation, and force is only used as a last resort and for legitimate reasons.

1.13 DCOs had poor knowledge of safeguarding procedures and were unware of the Home Office 'adults at risk of harm in detention' policy. Two detainees held during our inspection had been identified as level one adults at risk and, when we asked, DCOs said they did not know what this meant. Tascor did not have a national safeguarding adults policy but care plans were completed for detainees with disabilities. Notices were displayed promoting a helpline for detainees to report concerns about modern slavery.

1.14 During the previous three months, very few detainees on ACDTs[3] had been held. The incident reports that we reviewed showed good intervention and de-escalation by DCOs in the rare instances of self-harm. DCOs at the facility did not open ACDTs but completed a suicide and self-harm warning form which accompanied the detainee to their next place of detention. All DCOs carried anti-ligature knives.

1.15 The facility had two holding rooms and men and women could be held separately. During the previous three months, a third of detainees had been female. Sufficient DCOs were on duty to monitor and protect detainees from victimisation. Detainees were not locked into holding rooms and could ask for help if necessary.

1.16 During the previous 12 months, force had been used on six occasions in the facility or en route. Force had been used appropriately in the cases that we reviewed, although a more robust risk assessment should have been carried out by Home Office managers in one case. On 29 November 2017, an attempt had been made to remove a volatile ex-prisoner with no overseas escorts present. Force had ultimately been used and the removal failed. Risk

[3] Assessment, care in detention and teamwork case management of detainees at risk of suicide or self-harm.

information held by the Home Office clearly described the detainee's previous disruptive behaviour, including setting fire to prison cells.

1.17 All staff were trained in the restraint techniques of the Home Office Manual for Escorting Safely. DCOs received refresher training every six months. Five sets of waist and leg restraint belts were kept in the manager's office but we found that they had only been used once in the previous year. They had been used appropriately in that case.

1.18 Since our previous inspection in 2014, the Home Office Professional Standards Unit had investigated 13 incidents connected to Cayley House. These incidents had occurred at the facility or the detainee had been held there shortly before or after the incident. One incident had been substantiated and one partially substantiated. Seven of the incidents involved an allegation of assault or excessive use of force. The quality and detail of the investigation reports that we reviewed were very good. In one case an overseas escort had been dismissed after he was found to have assaulted a detainee who was resisting removal and the matter had been referred to the police. In another case, an allegation of excessive force was found to be partially substantiated. The investigation found that force was unjustified as the detainee verbally asked for asylum as he was boarding the aircraft.

1.19 Detainees subject to restraint procedures were not routinely seen by a health care professional following the use of force. Local Tascor managers could not easily review CCTV footage to learn from incidents. Instead they had to make a formal request to a Home Office contract monitor for the footage to be downloaded and burnt to a disk.

Recommendations

1.20 **The contractor should develop a national safeguarding adults policy, and all relevant staff should be familiar with this**. (Repeated recommendation 1.29)

1.21 **Detainees subject to control and restraint procedures should be seen by a health services practitioner as soon as possible after restraint is removed.** (Repeated recommendation 1.34)

Safeguarding children

Expected outcomes:
The facility promotes the welfare of children and protects them from all kinds of harm and neglect.

1.22 During the previous three months, two children had been held, both accompanied by an adult. One child had been held for six hours 50 minutes. The facility was unsuitable for such long detentions of children because the atmosphere was austere and institutional.

1.23 Children held in the facility were being removed under the family returns process. Families with children were transferred from the pre-departure unit at Tinsley House with specially trained overseas escorts. These escorts were responsible for the families' care while in the facility.[4]

1.24 Families with children were held in the same room as women on their own. The room contained colouring packs, books, toys, puzzles and play mats. The television was mounted near the ceiling and too high for children to watch comfortably. There was a separate

[4] Further detail on the family returns process can be found here: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/607683/Family-returns-process-v4.pdf

television with DVD player and Wii games console, but the remote control was missing and staff were unable to operate them.

1.25 Facilities for babies were good, with stocks of baby food, formula milk, nappies and wipes. Nappy changing facilities were good. Car seats could be fitted into escort vehicles as necessary. Notices in English promoted the Childline telephone number.

Legal rights

Expected outcomes:
Detainees are fully aware of and understand their detention, following their arrival at the facility and n release. Detainees are supported by the facility staff to freely exercise their legal rights.

1.26 Immigration enforcement officers from the Home Office scheduled returns team were not always available to answer queries face to face. They were responsible for helping casework offices around the UK to facilitate the smooth removal of detainees by ensuring that travel documents and tickets were in place. Officers from the team visited the facility each day to hand travel documents to DCOs but they did not have regular interviews with detainees. We met detainees who had questions about their removal that DCOs could not answer. DCOs sometimes telephoned the scheduled returns team on detainees' behalf but this was not an adequate substitute for face-to-face support.

1.27 Following our inspection, Tascor provided electronic records of those held in the facility. They had not verified these data which were sometimes inconsistent with the paper logs held in the facility. The following figures are based on the electronic records.

1.28 During the previous three months, 891 detainees had been held compared with 2,120 over the same period at our last inspection. The most common countries of origin were Brazil (11%), India (9%), China (8%), Romania (8%) and Ukraine (6%). The average length of detention was seven hours 38 minutes, more than double the average at our previous inspection. The longest detention had been 39 hours four minutes, which was far too long for such a facility. Three per cent of detentions had been for more than 24 hours. Lengthy detentions often occurred after a failed removal because it took time to arrange a bed in an IRC and transport.

1.29 Detainees were given reasons for their detention in writing (IS91R) but in English only. Detainees who were legally represented could contact their solicitors by telephone but not email. DCOs still sought permission from the Home Office for detainees to use the fax machine, which was an unnecessary restriction and inconsistent with IRCs where many detainees had free access to fax machines. Notices promoted the telephone number of Civil Legal Advice for detainees to seek advice on claiming asylum. DCOs told us of cases where court injunctions had prevented removals as detainees were walking to the aircraft.

Recommendations

1.30 **Staff from the Home Office scheduled returns team should always be available to answer detainees' immigration queries face to face and provide full and accurate information.** (Repeated recommendation 1.46)

1.31 **Electronic and paper records of detentions should be consistent and accurate.**

1.32 The Home Office should act with due diligence and efficiency to ensure detention is kept to a minimum, and that detainees are not held for unreasonable lengths of time without access to fresh air or adequate sleeping facilities. (Repeated recommendation 1.48)

Respect

Accommodation and facilities

Expected outcomes:
Detainees are held in a safe, clean and decent environment. They are offered varied meals according to their individual requirements. The facility encourages activities to promote mental well-being.

1.33 The facility contained two holding rooms: one for males and one for females and families. The doors to these rooms were unlocked and gave detainees free movement around the facility.

1.34 Holding rooms were an adequate environment for short stays but not for long or overnight stays. Holding rooms contained TVs, payphones and some fixed seating and tables. A quiet room was located adjacent to each holding room. The quiet rooms were intended for detainees to use while praying or for sleeping but they were spartan and uncomfortable. They contained hard semi-reclined seats and floor cushions and bedding, but these did not provide adequate sleeping facilities (see recommendation 1.32 and Appendix III photographs).

1.35 The facility was clean, but there was some graffiti and it required redecoration. There were separate showers and toilets for male and female detainees. Showers were poorly ventilated and smelt musty. Sanitary products for women were freely available.

1.36 Catering provision was adequate. A range of microwave meals included halal, vegetarian and kosher options, but there were no longer any sandwiches. Detainees could help themselves to snacks, fruit and hot and cold drinks in both holding rooms.

1.37 There were sufficient activities for detainees held for short periods, including televisions and a small supply of foreign language books, newspapers and magazines. However, detainees could not exercise outside (see recommendation 1.32) and there was no place for them to smoke, which staff said caused unnecessary tensions. DCOs could offer nicotine gum, but not e-cigarettes.

Recommendation

1.38 The facilities should be redecorated and showers properly ventilated.

Respectful treatment

Expected outcomes:
Detainees are treated with respect by all staff. Effective complaints procedures are in place for detainees. There is understanding of detainees' diverse cultural backgrounds. Detainees' health care needs are met.

1.39 DCOs were polite and respectful to detainees but did not focus on their welfare and safeguarding needs proactively (see paragraph 1.7). Officers wore identification badges but the writing was small and not easily legible.

1.40 Detainees could complain using the standard Home Office complaint form, which was available in a range of languages. There were no child-friendly complaint forms. We were told that Home Office staff emptied complaint boxes almost every day but there was no evidence of this. For example, a paper log indicated that they were only emptied once in January 2018. There had been 12 complaints about Tascor services and staff during the previous year, but none in the last five months. Responses to complaints were respectful but three responses did not address all the issues raised.

1.41 Five of the 12 complaints concerned escort arrangements, all of which included detainees being transported to Cayley House many hours before they were due to fly. This resulted in excessive periods of detention at Cayley House, from about nine to 26 hours, and in one case over five hours at the Tascor vehicle depot. Poor communication and administrative errors compounded problems in some of these cases. Three of the five complainants had been held overnight. One detainee, for example, was taken to Cayley House from Colnbrook IRC, less than five miles away, at 2am for a flight nine hours later. Escort problems contributed to the excessive detention of a pregnant woman for over 26 hours (see paragraph 1.46). These five complaints were all upheld. All responses contained an apology, but most also stated that escort arrangements were 'valid' for reasons variously described as 'operational efficiency', the 'large number of movements' or 'resourcing issues'.

1.42 DCOs had a basic awareness of diversity issues, but there was little understanding of protected characteristics and little refresher training. Prayer mats and religious texts were freely available in the holding rooms.

1.43 DCOs knew how to assist detainees with disabilities and said they would use disability care plans. We were told it was rare for the centre to hold a disabled detainee.

1.44 There was no hearing loop facility and no information in Braille. Staff were aware of the designated telephone interpreting service and how to use it,

1.45 Some DCOs helpfully spoke to detainees in languages other than English but in the previous 11 months, telephone interpreting had only been used on average 11 times a month. This was low given the nature and throughput of the population and lower than at our last inspection.

1.46 The treatment of a pregnant woman was very poor. She arrived at the facility at 2pm and was only refused entry at 11pm when it was decided to transfer her to an IRC. However, staff were busy and her escort van did not depart until 5.30am. It was not until 6.30am that she was taken to her room to sleep. She was woken up again at 9am and taken back to Cayley House for a flight 12 hours later at 9pm. The detainee's complaint about her treatment was upheld. DCOs told us they did not open care plans for pregnant detainees or offer a medical screening.

1.47 DCOs could no longer seek advice from a medical helpline. In emergencies they called the airport medic but we saw examples where low-level medical needs were not addressed. For example, the woman who complained of a headache and dizziness was advised to drink water (see paragraph 1.10). Detainees were not offered paracetamol.

Recommendation

1.48 **Holding room staff should use a professional telephone interpreting service to support all detainees who speak little or no English.** (Repeated recommendation 1.61)

Preparation for removal and release

Expected outcomes:
Detainees are able to maintain contact with the outside world and be prepared for their release, transfer or removal. Detainees are able to retain or recover their property. Families with children and others with specific needs are not detained without items essential to their welfare.

Communications

1.49 Telephone arrangements were adequate but detainees could not use email, video calling or social networks to tell friends and family what was happening, or to communicate with solicitors.

Recommendation

1.50 **Detainees should have supervised access to the internet, including email, video calling and social networks**. (Repeated recommendation 1.70)

Leaving the facility

Expected outcomes:
Detainees are prepared for their release, transfer or removal. They are able to retain or recover their property. Families with children and others with specific needs are not detained without items essential for their welfare.

1.51 Visitors were not allowed into the holding room and there were no arrangements for them to deliver property or cash to detainees. The range of clothing for men and women was adequate. Information cards with the address and telephone number of IRCs were available for detainees transferring to further detention, usually after a failed removal.

1.52 There was a process for destitute detainees to request money to help them reach their final destination. Most detainees held at the time of the inspection required help, but were unaware of the process until we told them. Three Romanian detainees told us they had an onward journey of up to 400km, but were only given £5 each, which was not enough. Officers went out of their way to take another detainee to a cash machine to withdraw funds on the way to the departure gate.

1.53 We observed four escorted journeys between the facility and aircraft, all of which were handled sensitively. Detainees were not unduly visible to other passengers. Force was not used to get non-compliant detainees on to aircraft, but rather removals were cancelled and rescheduled with overseas escorts.

Recommendation

1.54 **All detainees requiring it should be given sufficient resources to enable them to make the onward journey to their final destination**. (Repeated recommendation 1.71)

Section 2. Summary of recommendations

Recommendations — To the Home Office

2.1 Staff from the Home Office scheduled returns team should always be available to answer detainees' immigration queries face to face and provide full and accurate information. (1.30, repeated recommendation 1.46)

2.2 The Home Office should act with due diligence and efficiency to ensure detention is kept to a minimum, and that detainees are not held for unreasonable lengths of time without access to fresh air or adequate sleeping facilities**.** (1.32, repeated recommendation 1.48)

Recommendations — To the Home Office and contractor

2.3 Risk information on detainees being removed from the country should be fully recorded and systematically and accurately communicated to all parties involved in a removal**.** (1.11, Repeated recommendation 1.7)

2.4 The facilities should be redecorated and showers properly ventilated. (1.38)

Recommendations — To the contractor

Arrival and reception

2.5 On arrival, detainees should be interviewed privately to establish any immediate needs, offered a free telephone call and advised how to make further calls thereafter. (1.12, repeated recommendation 1.15)

Safeguarding and personal safety

2.6 The contractor should develop a national safeguarding adults policy, and all relevant staff should be familiar with this**.** (1.20, repeated recommendation 1.29)

2.7 Detainees subject to control and restraint procedures should be seen by a health services practitioner as soon as possible after restraint is removed. (1.21, repeated recommendation 1.34)

Legal rights

2.8 Electronic and paper records of detentions should be consistent and accurate. (1.31)

Respectful treatment

2.9 Holding room staff should use a professional telephone interpreting service to support all detainees who speak little or no English. (1.48, repeated recommendation 1.61)

Preparation for removal and release

2.10 Detainees should have supervised access to the internet, including email, video calling and social networks**.** (1.50, repeated recommendation 1.70)

2.11 All detainees requiring it should be given sufficient resources to enable them to make the onward journey to their final destination**.** (1.54, repeated recommendation 1.71)

Section 3. Appendices

Appendix I: Inspection team

Colin Carroll	Inspector
Deri Hughes-Roberts	Inspector
Laura Green	Research officer

Appendix II: Progress on recommendations from the last report

The following is a list of all the recommendations made in the last report, organised under the four tests of a healthy establishment. The reference numbers at the end of each recommendation refer to the paragraph location in the previous report. If a recommendation has been repeated in the main report, its new paragraph number is also provided.

Safety

Detainees are held in safety and with due regard to the insecurity of their position.

Recommendations

Staff from the complex and scheduled returns team should always be available to answer detainees' immigration queries face-to-face and provide full and accurate information. (1.46)
Not achieved (Recommendation repeated, 1.30)

Adult families should not be separated while in detention, unless justified by a written individual risk assessment. (1.47)
Achieved

The Home Office should act with due diligence and efficiency to ensure detention is kept to a minimum, and that detainees are not held for unreasonable lengths of time without access to fresh air or adequate sleeping facilities. (1.48)
Not achieved (Recommendation repeated, 1.32)

A Home Office manager should visit Cayley House daily to check conditions and the treatment of detainees; these visits and any issues arising should be recorded. (1.49)
Not achieved

Risk information on detainees being removed from the country should be fully recorded and systematically and accurately communicated to all parties involved in a removal. (1.7)
Not achieved (Recommendation repeated, 1.11)

A female detainee custody officer should be on duty whenever female detainees are held at the facility. (1.14)
Achieved

On arrival, detainees should be interviewed privately to establish any immediate needs, offered a free telephone call and advised how to make further calls thereafter. (1.15)
Not achieved (Recommendation repeated, 1.12)

Female detainees should be protected from unwanted sexual attention while in the holding room and under escort. (1.21)
Achieved

Staff should routinely carry anti-ligature knives. (1.27)
Achieved

Tascor should develop a national safeguarding adults policy, and all relevant staff should be familiar with this. (1.29)
Not achieved (Recommendation repeated, 1.20)

Detainees subject to control and restraint procedures should be seen by a health services practitioner as soon as possible after restraint is removed. (1.34)
Not achieved (Recommendation repeated, 1.21)

Managers should review all use of force incident reports. (1.35)
Achieved

Detainees should be able to contact their legal representatives without impediment and staff should readily and quickly assist them in doing so. (1.38)
Partially achieved

Written reasons for detention (IS91R) should be issued in a language the detainee can understand. (1.39)
Not achieved

Respect

Detainees are treated with respect for their human dignity and the circumstances of their detention.

Recommendations

Staff should address detainees with respect at all times. (1.56)
Achieved

All staff should receive training, including refresher training, in all aspects of diversity, including the wide-ranging backgrounds of, and particular issues faced by, detainees in the immigration system. (1.60)
Not achieved

Holding room staff should use a professional telephone interpreting service to deal with all detainees with little or no English. (1.61)
Not achieved (Recommendation repeated, 1.48)

Care plans should be used to support detainees with a disability. (1.62)
Achieved

Preparation for removal and release

Detainees are able to maintain contact with the outside world and be prepared for their release, transfer or removal.

Recommendations

Detainees should have supervised access to the internet, including email, Skype and social networks. (1.70)
Not achieved (Recommendation repeated, 1.50)

All detainees requiring it should be given sufficient resources to enable them to make the onward journey to their final destination. (1.71)
Not achieved (Recommendation repeated, 1.54)

Appendix III: Photographs

Holding room for men

Holding room for women and families

Quiet room

Detainee search area

Appendix IV: Facility log analysis

Short-term holding facility logs for Cayley House 1 November 2017 – 31 January 2018

We used individual-level RECOS data provided by Tascor Services to assess the characteristics and experiences of detainees held at Cayley House over a three-month period.

Overview	
Total number of detainees held at the facility during this three-month period	**891**[5]
Proportion of detainees who were male	**77%**
Average (mean) age of detainees	**34**[6]
Proportion of detainees who were travelling individually	**99%**
Number of different countries detainees originated from	**88**[7]
Most common countries of origin	**Brazil (11%)** **India (9%)** **China (8%)** **Romania (8%)** **Ukraine (6%)**
Average (mean) length of detention	**7 hours 38 minutes**[8]
Longest single period of detention	**39 hours 4 minutes**
Proportion of detainees held for over 12 hours during a single period of detention	**16%**[9]
Proportion of detainees held for over 24 hours during a single period of detention	**3%**[10]
Proportion of detainees held at the facility more than once	**5%**
Average (mean) cumulative length of detention for those held more than once	**14 hours 15 minutes**[11]
Proportion of cases with a departure outcome recorded	**12%**

5 Individual detainees within the dataset were identified using a port reference number (PRN). From the 946 detention events recorded between 1 November 2017 and 31 January 2018, details of the PRN were available in 946 cases. Six detention events had departure times which preceded the arrival time and were excluded from the analysis (*N*=940)

6 With ages ranging from 2 to 69 years (median age 32) (*N*=891).

7 Country of origin was recorded as 'unknown' for one case.

8 The median time for the detention events logged was 6 hours 2 minutes (*N*=940).

9 *N*=940

10 *N*=940

11 Ranging from 56 minutes to 42 hours 53 minutes, with a median length of 13 hours 46 minutes detention (*N*=48).

Unaccompanied children	
Total number of unaccompanied children held	**0**

Accompanied children	
Total number of accompanied children held	**2**[12]
Age of the youngest accompanied child	**2 years**
Average (mean) length of detention for accompanied children	**4 hours 42 minutes**
Longest single period of detention for accompanied children	**6 hours 50 minutes**
Number held for over 12 hours (during single period of detention)	**0**
Number held for over 24 hours (during single period of detention)	**0**
Main outcome for accompanied children (e.g. referred to SS, etc)	**Taken to terminal 2 waiting room (*N*=1)**

Who was most at risk of being held for over 12 hours?

Age, gender, country of origin,[13] or whether the detainee was travelling individually or in a group all had no bearing on the likelihood of being detained for 12 hours or more at Cayley House during the three-month period examined.

[12] This is based on 940 detention events. No children were held more than once.

[13] Brazil was chosen as the reference category as it was the single most common country for detainees to have originated from during this period.