

	Concern Addressed By	HMIP Concern	Home Office Response to HMIP Concern Including Action Already Taken / Proposed to Address Concern
1	Home Office	<p>Priority concern</p> <p>Case progression was slow for many detainees and the length of detention remained unacceptably long in some cases.</p> <p>The person detained the longest at Brook House had been there for 16 months and we found five cases where people had been held in different places of detention for over 1,000 days. Delays obtaining travel documents and a lack of bail accommodation contributed to lengthy detention.</p>	<p>We acknowledge the comments made within the report and the Home Office is committed to ensuring that all processes are expedited as quickly as possible and that foreign national offenders are either deported or released from detention as soon as possible.</p> <p>The Home Office only detains people where removal is a realistic prospect within a reasonable timeframe, or initially to establish their identity or basis of claim. This is set out in both legislation and domestic caselaw. Decisions on the appropriateness of an individual's detention, or continued detention, are made on a case-by-case basis.</p> <p>Home Office published detention policy makes it clear that immigration detention must only be used where necessary, and for the shortest possible time.</p> <p>We constantly review progress to ensure that our early removal mechanisms are working as effectively as possible, working closely with His Majesty's Prison and Probation Service. Detention is an essential part of effective immigration control and are taken on a case-by-case basis in accordance with published Home Office detention policy.</p> <p>Individuals also have the option of applying for bail at any time. Our series of detention safeguards, including the Detention Gatekeeper, Case Progression Panels and our Adults at Risk in immigration detention policy, ensure proper scrutiny of detention decisions.</p> <p>Case Progression Panels in particular review cases for progression and to ensure those detained are returned in a reasonable time frame. They provide a second line assurance function by reviewing the appropriateness of ongoing detention for individuals detained, ensuring a consistency of process and approach, driving case progression towards return and providing additional oversight for the identification and management of potentially vulnerable people.</p>
2	Centre Management & Home Office	<p>Priority concern</p> <p>The centre did not provide an open or relaxed environment suitable for immigration detainees.</p> <p>The centre was crowded and noisy, ventilation in cells was inadequate and the prison-like environment was one of the main reasons that detainees gave for feeling unsafe.</p>	<p>At the time of the inspection the centre was operating within its normal operational capacity.</p> <p>Serco have made a number of improvements to the centre to "soften" the wings, with sofas, artificial plants and wall murals. These improvements will continue to be made over the next 12 months.</p> <p>Ventilation within the bedrooms at Brook House immigration removal centre (IRC) meets the requirements as set out in Detention Services Order 06/2018 Accommodation: Lighting, Heating and Ventilation. Any complaints received relating to ventilation are fully investigated and if issues are found they are swiftly rectified.</p> <p>Ventilation of the building is tested during the annual ductwork inspection where the duct is tested for cleanliness and air flow readings are recorded, air flow across the centre is within the acceptable range of 9lts per second per person. The maintenance programme sets out all inspections that are completed monthly, 3-monthly, 6-monthly and yearly where applicable.</p> <p>Brook House IRC will continue to aim to deliver a relaxed environment that is balanced against the requirements of policy and the need to maintain safety and security.</p> <p>Since the inspection took place all COVID -19 restrictions have ceased, and a full IRC regime was reinstated on 13th July 2022.</p>

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3	Healthcare Provider & Centre Management	<p>Priority concern</p> <p>The centre did not meet the needs of the high number of detainees with mental health problems.</p> <p>The centre held many people with low-level mental health needs who could not access psychological interventions as all the psychology posts were vacant. Several detainees with poor mental health had been located in the separation unit, which was not a suitable place for them.</p>	<p>The NHS Mental Health Team and Patient Engagement Lead are jointly working to offer mental health coffee and chat sessions. These commenced in July 2022 and were well received by residents. These sessions will be provided monthly from September 2022.</p> <p>Significant work has been undertaken by the healthcare provider to address staffing vacancies. An advert for a psychology position has been reviewed and jointly advertised with HMP Ford as a full time position. In addition, a permanent psychiatrist commenced employment on 26th July, and a new Mental Health Clinical Lead has been in post from 1st August.</p> <p>Serco and Healthcare in accordance with the Home Office have multi-disciplinary team meetings to determine the appropriate management for individual residents. A weekly vulnerable residents meeting is held in addition to any adhoc meetings that are necessary as a result of the residents’ circumstances changing.</p> <p>The local Home Office team are considering establishing a care suite in conjunction with the supplier. The actual specification for this is being sought from both inside DES and from HMPPS to allow for this project to be progressed.</p> <p>This would enable a more suitable area for residents who have mental health problems and are deemed to be a risk but where the use of DC Rules 40 and 42 is required.</p> <p>The care suite could be used when Rule 40 and 42 accommodation is deemed detrimental to an individual’s mental health condition, but where a move from residential units is required.</p>
4	Centre Management	<p>Priority concern</p> <p>The number of activity places and space in the centre as a whole were not sufficient for the current population.</p> <p>Few detainees were in employment or attended education. There was little activity to promote well-being, relaxation and stress relief. The library service was very poor and the gym too small.</p>	<p>At the time of the inspection the centre was operating within its normal operational capacity.</p> <p>Since the inspection took place all COVID -19 restrictions has ceased, and a full IRC regime was reinstated on 13th July 2022, which includes full unrestricted access being available to all during periods of association.</p> <p>A second gym has been implemented within the centre and is available as part of the wider regime provision with space for an additional 10 individuals and open from 08:30 every day of the week. In addition, communal activities for 30 men have been introduced in the visits hall, when this is not in use, which includes twice weekly yoga sessions and bingo.</p> <p>The resource centre (library) is also currently in review for refurbishment with completion expected early 2023.</p> <p>The uptake of paid activities has increased since the inspection due to the appointment of an additional paid activities coordinator.</p> <p>There are currently 74 paid activities roles which will increase with the additional gym and resource centre providing new roles, including gym orderlies and additional librarians. Serco is exploring potential incentivisation of achievement to encourage more take up.</p>
5	Centre Management	<p>Priority concern</p> <p>Management oversight of the education provision was weak.</p> <p>Teachers did not receive sufficient management support. They lacked supervision and guidance. There were no clear processes for curriculum planning or review, and no analysis of learners’ achievements was undertaken. Teachers had not received any recent staff development.</p>	<p>The activities management team is now back to full complement and a monthly meeting is now held between the teachers and the Assistant Director for Residence and Regimes. Curriculum planning will form part of the standing agenda for this meeting from October 2022.</p> <p>Teachers will present monthly on learner achievement and consider more creative methods of teaching the subjects detailed in the contract.</p>
6	Centre Management & Home Office	<p>Priority concern</p> <p>The mobile phone signal in the centre was poor.</p> <p>This restricted detainees’ ability to maintain contact with the outside world when they were locked in their cells.</p>	<p>Serco has submitted a proposal to the Home Office to implement a new mobile Wi/Fi phone solution with an external provider.</p> <p>There are plans for a WIFI based mobile phone system to be implemented at Brook House with a view to this being rolling out estate wide if successful. This WIFI based service will allow for 100% accessibility within the centre.</p> <p>Phone calls will continue to be available through the switchboard and there are daily checks completed to ensure that currently used mobile networks are accessible.</p> <p>Should these not be accessible to residents, there is a local contingency plan which would be activated to allow for continuity of contact.</p>

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7	Centre Management & Healthcare Provider	<p>Key concern</p> <p>The identification and management of risks on arrival was not good enough.</p> <p>Not all detainees were offered a private interview on arrival and staff did not always spend enough time enquiring into detainees' risks. The standard of health screening was variable.</p>	<p>A private interview room within the reception area is available for use. Serco will remind Reception managers to carry out assurance checks to ensure that private interviews are being offered and that it is recorded on the reception checklist.</p> <p>A Room Sharing Risk Assessment (RSRA) tool-box talk will be developed and delivered to reception staff to improve knowledge and awareness of an individual's risk factors.</p> <p>Audits have been completed by Healthcare to show where staff need improvement, and this is being discussed in 1:1 supervision. Re-audits have been scheduled on a monthly basis. All Healthcare staff will be completing SystemOne training from NHS England to bring standards up to the same high quality.</p>
8	Healthcare Provider & Home Office	<p>Key concern</p> <p>The Rule 35 report process was not being used to its fullest extent to protect detainees who had conditions that might have been worsened by detention.</p> <p>Nearly all reports related to potential victims of torture and very few were prepared for detainees with health problems or suicidal ideation.</p>	<p>A training pack has been developed by the Home Office for medical practitioners across the immigration detention estate and has been provided to medical staff at Derwentside and Swinderby. It is anticipated training will be delivered to medical staff at the remaining IRCs and STHFs in the near future.</p> <p>This training will provide clarity on the Rule 35/32 process and will outline the standards expected and key information to include within Rule 35/32 reports.</p> <p>Additionally, the Home Office has recently restarted work to review the Adults At Risk policy and Detention Centre Rules 2001, which includes the Rule 35 process, following a pause to allow for a wide-ranging review of the immigration system as part of the New Plan for Immigration.</p> <p>Rule 35 (1) and (2) appointments are available every day and these are given priority.</p> <p>Weekly Multi-Disciplinary Team (MDT) meetings are now embedded and well attended.</p> <p>The Adults at Risk (AAR) weekly meeting is attended by Healthcare SMT.</p>
9	Centre Management, Healthcare Provider & Home Office	<p>Key concern</p> <p>Assessment, care in detention and teamwork case management for detainees at risk of suicide or self-harm was not good enough.</p> <p>Assessments were sometimes very brief and care maps lacked detail. Health-care staff and Home Office attendance at reviews was poor, and interpretation was not consistent.</p>	<p>The Home Office will be providing familiarisation training to Serco on the use of DSO 06/2008 Assessment Care in Detention and Teamwork (ACDT) Version 6. A meeting took place on 9th September 2022 to discuss the Detention Services Order rollout that has been aligned to this version.</p> <p>Serco will also develop a programme of familiarisation and upskill for the roll out of DSO 06/2008 Assessment, care in detention and teamwork V.6.</p> <p>ACDT quality assurance checks, including the use of interpretation and completion of care maps, will be conducted by Serco, and documented by Residential Managers.</p> <p>The Healthcare provider has increased the registered mental health nurse agency pool, and Serco will be implementing timed ACDT slots to allow the mental health team to plan the ACDT's into their day.</p> <p>Notification of the review meetings will be better publicised to all interested parties including the Home Office.</p>
10	Centre Management & Home Office	<p>Key concern</p> <p>Detainees were inappropriately locked in cells overnight.</p> <p>They could have been left unlocked if they had been given a key to their cell and if there had been sufficient staffing at night.</p>	<p>Staffing levels have been agreed with the Home Office in line with the new supplier contract which has decreased the period of time a resident is locked within their room since Serco were awarded the contract.</p> <p>Published Home Office guidance, DSO 4/2018 Management and Security of Night State, outlines the standards and general principles of how the night state should be operated.</p>

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11	Home Office	<p>Key concern</p> <p>Detainees who had been told they were to be removed to Rwanda found it difficult to access their legal rights and had been given inadequate information.</p> <p>They had difficulties in responding to the notice of intent to remove them within the seven-day window and problems obtaining or communicating with legal representatives. The information provided to detainees who had been told they were to be removed to Rwanda was of little value.</p>	<p>In line with the published IRC Operating Standards, all individuals who arrive at an IRC must be advised of their right to legal representation and of how they can obtain such representation, within 24 hours of their arrival at an IRC. All individuals detained in an IRC in England are provided with a list of the Detained Duty Advice (DDA) scheme duty solicitors and are made aware that they are eligible for a free 30-minute consultation regardless of financial eligibility or the merits of their case. This signposting occurs on a minimum of two occasions; during the induction (within 24 hours of arrival) provided by the supplier, and again during the Home Office Detention Engagement Team induction within 48 hours of arrival.</p> <p>In addition to the above, at Brook House the IRC supplier’s welfare team complete systematic assessments of welfare needs and provide support for residents within 48 hours of arrival, identifying practical issues that require resolving prior to removal and together with the resident, develop an individual plan to resolve them; and meet with the resident monthly thereafter to review progress.</p> <p>The LAA operates free legal advice surgeries in IRCs in England. Individuals who are detained are entitled to receive up to 30 minutes of advice regardless of financial eligibility or the merits of their case. There is no restriction on the number of surgeries an individual may attend. If an individual who is detained requires substantive advice on a matter which is in scope of legal aid, full legal advice can be provided if the statutory legal aid means and merits criteria are met. The LAA have made additional appointments available to ensure all individuals were able to access legal advice within the notice period following service of the NOI and removal directions. Where the Home Office was alerted to a delay obtaining an appointment for a specific individual, an extension to the NOI notice period was given.</p> <p>Detained individuals can also utilise private legal representation (outside of the legal aid DDA scheme). All people detained in IRCs are provided with a mobile phone and have access to landline telephones on request, fax machines, email and video calling facilities, which can be used to contact legal representatives.</p> <p>The DETs will increase the number of surgeries starting in September to one a day. These are open to all residents to attend. We have also started working with the central communication team to set up a country information area where residents can access information about Rwanda. A video on loop in the 7 most prevalent languages will also be available taking residents through the journey of other refugees who have settled in Rwanda. The Rwandan Embassy have also volunteered to provide a representative to visit the IRC and engage with the residents to assist and answer any questions they may have. The comms team have also ensured the information leaflets provided to the residents are more detailed and contain information relevant to their needs, with pictures of accommodation where they will stay whilst their case is progressed. These have been translated into the 7 most prevalent languages and are available for residents.</p>
12	Centre Management	<p>Key concern</p> <p>Too many staff did not supervise the units in a sufficiently professional or confident manner.</p> <p>Minor misbehaviour that could escalate tension if unchallenged was not managed consistently. For example, detainees were observed smoking on the landing, pushing in food queues and playing very loud music. Operational leaders did not provide the high number of inexperienced staff with enough support in the units.</p>	<p>Serco will look to introduce increased oversight of minor misbehaviour incidents to prevent escalation and reduce the number of serious incidents.</p> <p>These include the centre’s smoking standard operating procedure that has been reviewed to include a warning system for residents who persistently smoke/vape in unauthorised areas. Additional signage has been ordered to increase awareness.</p> <p>Duty Operational Managers are required to be present at the serveries at lunch and dinner times to support staff in challenging queue jumping.</p> <p>A maximum size and decibel output for speakers in possession will be introduced. Anything in excess of the maximum decibel output will not be permitted on any of the residential units.</p> <p>An anti-social behaviour policy will be implemented and promoted with regular reviews of progress through the weekly operational review meeting.</p>
13	Centre Management	<p>Key concern</p> <p>Equality work was underdeveloped.</p> <p>Data collection on equality and diversity was not systematic and there was a lack of investigation and action in areas where there might have been evidence of unfair outcomes.</p>	<p>The Serco diversity and inclusion data collection has been reviewed to enable the identification of trends. This data is used to inform the monthly diversity and inclusion meeting.</p> <p>Actions from the monthly diversity and inclusion meetings now include targeted engagement with those groups who are underrepresented in activity areas to promote and encourage attendance.</p>

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14	Healthcare Provider	<p>Key concern</p> <p>Governance of health services was not sufficiently robust.</p> <p>The systems and processes for managing clinical audit and clinical incidents did not meet the standards for safe and effective practice.</p>	<p>All wings now have Practice Plus Group / Healthcare complaints forms available.</p> <p>There is an audit schedule including a schedule for re-audits.</p> <p>Internal Learning Reviews (ILRs) for clinical incidents take place.</p> <p>Quality assurance meetings take place bi-monthly to discuss incidents, trends and actions plans.</p> <p>There are quarterly NHS partnership meetings in place in addition to the monthly Local Quality Delivery Board meeting (LQDB).</p> <p>The LQDB meeting is attended by the NHS commissioner, Practice Plus Group, Forward Trust, local Home Office, the Independent Monitoring Board and Serco.</p>
15	Centre Management, Healthcare Provider & Home Office	<p>Key concern</p> <p>Emergency protocols were not consistent and not all staff used the centre's method of summoning emergency assistance.</p>	<p>Published Home Office guidance, DSO 09/2014 DSO Emergency Medical Response Codes, outlines the standards and general principles of how this should operate.</p> <p>New staff are issued with prompt cards during their initial training course (ITC), existing staff will be reissued with prompt cards, and a Director's Notice on emergency codes has been reissued.</p> <p>Control Room staff will also ask / prompt staff for the emergency code if it is not given during the response call.</p> <p>In respect of healthcare, the Healthcare SMT also attend this aspect of the ITC and issue wallet sized red and blue code to all officers to keep.</p> <p>The patient engagement lead will remind and advise all staff of the correct protocol.</p>