Report on an unannounced inspection of

Colnbrook Immigration Removal Centre

by HM Chief Inspector of Prisons

20 January – 6 February 2025

Contents

Introduction

Colnbrook is an immigration removal centre (IRC) located near Heathrow airport and next door to Harmondsworth IRC. Operated by Mitie Care and Custody, the centre holds up to 339 adult men, although at the time of our visit only 305 were resident. We last inspected Colnbrook in 2022 when we found outcomes against all four of our healthy establishment tests to be 'reasonably good'. At this inspection, Colnbrook had maintained reasonable outcomes in each assessment.

Reception and induction arrangements were adequate, despite needless delays following the arrival of escort vehicles, and processes that lacked sufficient confidentiality. The centre itself felt calm, but in keeping with findings at other IRCs, in our survey over a third of those detained reported feeling unsafe. However, steps were being taken to bolster the safety team and some useful work was being done to try and confront what was a major drug problem, although staff needed to be more decisive in addressing low level poor behaviour. Freedom of movement around the centre was reasonable, although now more restricted in evenings.

Arrangements for the oversight of use of force and separation were satisfactory overall but staff lacked confidence in the identification of, and response to, safeguarding concerns. There was improved multidisciplinary support in place for those in self-harm crisis, although since we last inspected, one detainee had tragically taken his own life. Rule 35 procedures and responses needed to be more comprehensive, particularly as they related to self-harm ideation. Detainees continued to be frustrated at a lack of information from casework teams on the progress of their cases, but the work of the Detention Engagement Team (DET) had improved considerably, and it was now better integrated with other Home Office casework teams.

In our survey most detainees told us that they felt respected by staff, and our observations, despite some inconsistencies, tended to support this perception. However, peer support was underused, while complaints systems and the promotion of fair treatment needed more energy. The centre was showing its age and in need of refurbishment. It was encouraging that leaders had substantive and developed plans to initiate significant improvement in the coming months.

Access to activities was reasonably good, and a change in senior management of the activities function had led to improvements in provision and resources. The range of courses had been widened following a consultation with detainees, and there were sufficient work and education places for around two-thirds of the men, though most were not taken up. In our survey 25% of detainees said they attended education; of these, 93% said that they found it helpful. We observed very good interaction between activities staff and detainees, and course reviews featured very positive comments on the support provided by tutors. There were advanced plans to introduce a good range of new courses, including in painting and decorating, barista skills, baking, and an accredited course in maths. Creative pursuits and provision had also increased significantly.

The welfare team had expanded in the last year, with a further increase due in the coming months. The new staffing team were passionate about their roles but still lacked training to support detainees with some more complex issues. There were improved relationships with the Home Office, whose staff completed surgeries in the welfare office three times a week. In the previous six months before our visit, 50% of detainees leaving the centre were released into the community and only 40% were removed. The remaining 10% were transferred to other centres. There was limited support for those being released into the community with, for example, 24 detainees released homeless over the past year.

Colnbrook was a very well led centre. There were more staff and leaders at all levels, and the centre manager had injected a positive energy and direction to the facility and was being well supported by other senior leaders in Care and Custody and the Home Office. There had been a series of recent positive changes and promising plans for further improvement. Despite this and the undoubted enthusiasm of staff, inexperience and poor practice was still a theme of our findings. Senior leaders recognised this and had placed appropriate focus on improving the visibility and capability of first line managers. Home Office and Care and Custody leaders had also committed themselves to substantial and much-needed levels of investment to upgrade the physical environment of the centre.

Charlie Taylor
HM Chief Inspector of Prisons
May 2025

What needs to improve at Colnbrook Immigration Removal Centre

During this inspection we identified 15 key concerns, of which five should be treated as priorities. Priority concerns are those that are most important to improving outcomes for detainees. They require immediate attention by leaders and managers.

Leaders should make sure that all concerns identified here are addressed and that progress is tracked through a plan which sets out how and when the concerns will be resolved. The plan should be provided to HMI Prisons.

Priority concerns

1. **The entry of illicit drugs had not yet been effectively addressed**. The level of staff searching and the introduction of new detection technologies had not kept pace with the manifest need.

2. **Policies and procedures to minimise the length of detention were not effective enough and too many people had been detained despite being vulnerable.** The Rule 35 process was still not used when needed, including for those at risk of serious self-harm. Many people remained in detention solely because of a lack of bail accommodation.

3. **The prison-like design, poor ventilation, lack of opening windows and limited green space affected detainees' well-being. These issues were compounded by the fact that much of the physical environment was in need of repair; especially showers, toilets and sinks.**

4. **There was inconsistent management of residential units. Staff did not always have the confidence, capability or frontline management support to respond effectively to low-level poor behaviour by detainees.**

5. **A shortage of staff meant that detainees waited too long for mental health support, including assessments and psychological interventions.**

Key concerns

6. **Reception interviews were brief and not undertaken in private, which hindered disclosure of concerns and assessment of risk.**

7. **Too many staff were reluctant to report safeguarding concerns. In our staff survey, a fifth of frontline operational staff said they did not know how to raise concerns and a quarter said they would not raise any if they had them.**

8. **Some detainees were held for too long in the care and separation unit and some were removed from association without the necessary authorisation.**

9. **The vast majority of those taken to hospital were handcuffed, often without clear justification on the basis of risk.**

10. **Leaders did not ensure adequate collection, analysis and use of data to drive improvements in various areas including security, personal safety, safeguarding and fair treatment.**

11. **Complaint responses were poor, often late and not translated when needed.**

12. **There were too few opportunities for detainees to cook their own food and the cultural kitchen had been closed for several weeks.**

13. **Some aspects of medicine management were poor: supervision of the medicine queues was inadequate, administration sessions were excessively long and too few detainees had their medications in possession.**

14. **Attendance at activities in the evening session had reduced because detainees could no longer move freely between their wings and activity rooms.**

15. **There was limited support for those leaving the centre, especially those being released, and in the previous year 24 detainees had been released homeless.**

About Colnbrook Immigration Removal Centre

Task of the establishment
Immigration removal centre for adult men

Certified normal accommodation and operational capacity (see Glossary) as reported by the centre during the inspection
Detainees held at the time of inspection: 305
Baseline certified normal capacity: 339
In-use certified normal capacity: 339
Operational capacity: 339

Population of the centre
- Fifty-six per cent of the population had been held for less than one month.
- Eleven detainees had been held for longer than six months and the longest detention was for more than 700 days.
- About 34% of detainees had arrived from short-term holding facilities (such as a port or immigration reporting centre) and 25% of the population had arrived at the centre directly from prison.
- The largest nationality groups, making up 46% of the centre's population between them, were Albanian (23%) and Indian (23%).
- Thirty-two per cent identified as Muslim.

Name of contractor
Care & Custody (Mitie Group)

Escort provider: Mitie Care & Custody – Escorting Services

Health service commissioner and providers: NHS England & Practice Plus Group, Smile Dental, Langley Medical Practice (GP services) & Forward Trust

Learning and skills providers: Mitie Care & Custody

Location
Harmondsworth, West Drayton

Brief history
Colnbrook IRC opened as a purpose-built facility in August 2004. It was managed by Serco until 1 September 2014 when Mitie Care & Custody took over the operation of both Colnbrook and Harmondsworth IRCs as a single contract. The centre formerly held a small number of female residents in the Sahara unit but was re-roled in 2024 to become all-male accommodation.

Short description of residential units
There are seven residential units and a separation unit.
Alpha, Bravo, Charlie and Induction are identical in layout, each with shared cells over three landings.
Echo unit consists of cells with a single bed and shower.
Sahara unit consists of nine dormitory style rooms, each with three beds.

The care suite has six beds for detainees considered to be in crisis and requiring time out from the normal regime.
The care and separation unit has 16 beds.

Name of centre manager and date in post
Sarah Mallender, September 2023

Changes of centre manager since the last inspection
Paul Rennie, July 2018 to September 2023

Independent Monitoring Board chair
Jacqueline Wiafe-Nnochiri

Date of last inspection
28 February – 18 March 2022

Section 1 Summary of key findings

Outcomes for detainees

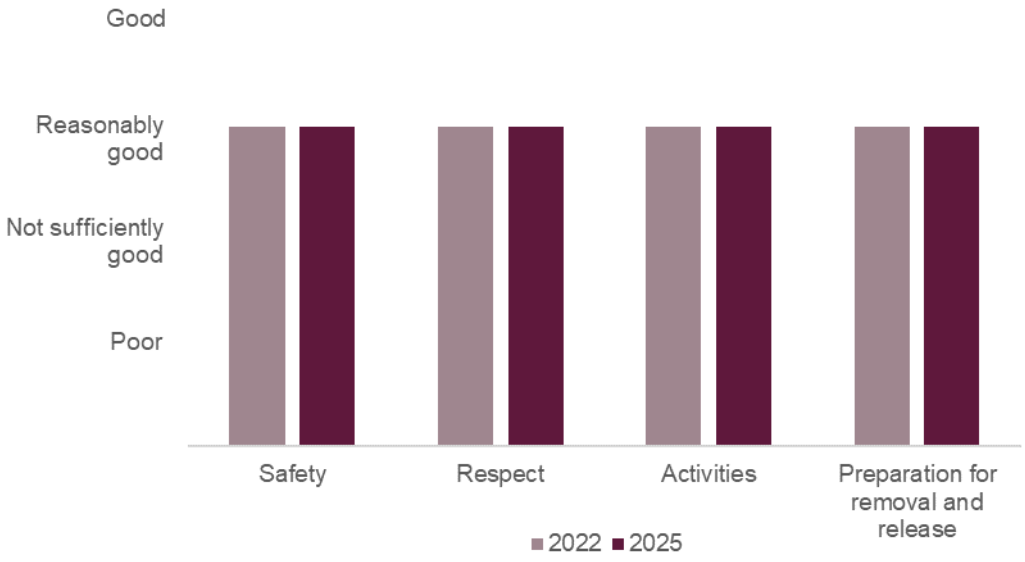
1.1 We assess outcomes for detainees against four healthy establishment tests: safety, respect, activities, and preparation for removal and release (see Appendix I for more information about the tests). We also include a commentary on leadership in the immigration removal centre (see Section 2).

1.2 At this inspection of Colnbrook IRC, we found that outcomes for detainees were:

- reasonably good for safety
- reasonably good for respect
- reasonably good for activities
- reasonably good for preparation for removal and release.

1.3 We last inspected Colnbrook in 2022. Figure 1 shows how outcomes for detainees have changed since the last inspection.

Figure 1: Colnbrook Immigration Removal Centre healthy establishment outcomes 2022 and 2025



Progress on key concerns and recommendations from the full inspection

1.4 At our last inspection in 2022, we made 22 recommendations, six of which were about areas of key concern. The immigration removal centre fully accepted 16 of the recommendations and partially accepted six.

1.5 At this inspection we found that two of our recommendations about areas of key concern had been achieved and four had not been

achieved. Two of the recommendations made in the area of safety had been achieved. However, the remaining two recommendations in the area of safety, and neither of the recommendations made in respect, had been achieved. For a full list of the progress against the recommendations, please see Section 7.

Notable positive practice

1.6 We define notable positive practice as:

> Evidence of our expectations being met to deliver particularly good outcomes for detainees, and/or particularly original or creative approaches to problem solving.

1.7 Inspectors found eight examples of notable positive practice during this inspection, which other centres may be able to learn from or replicate. Unless otherwise specified, these examples are not formally evaluated, are a snapshot in time and may not be suitable for other establishments. They show some of the ways our expectations might be met, but are by no means the only way.

Examples of notable positive practice		
a)	The care suite was valued by vulnerable detainees who reported positively on the benefits of the quiet, relaxing environment and good levels of staff interactions.	See paragraph 3.23
b)	ACDT reviews were held at the same time every day in a comfortable and private room in the care suite, which allowed all relevant agencies to plan attendance, ensuring a consistently multidisciplinary approach.	See paragraph 3.25
c)	The discrete Sahara unit provided a positive community environment: detainees were not locked into their dormitories, had softer furnishings, computers on the wing and more self-catering facilities.	See paragraph 3.28
d)	The detention engagement team held surgeries in the welfare office three days a week, improving communication with welfare staff and offering more support to detainees.	See paragraph 3.55
e)	All patients transferred to hospital under the Mental Health Act were accompanied by a mental health nurse to provide care and support for the patient during this transition.	See paragraph 4.55
f)	Leaders and staff had built a good range of creative studies courses, which detainees found very helpful in coping with the stress of their situation. Very good	See paragraph 5.6

	teaching and resources led to detainees quickly developing their skills and enjoying their learning.	
g)	Leaders had developed a partnership with Brentford Football Club, resulting in week-long training courses which led to the Football Association coaching certificate for grassroots sport.	See paragraph 5.22
h)	The Care & Custody website had been made more accessible to those wanting to find out about the centre, and now included information in more than 100 languages.	See paragraph 6.28

Section 2 Leadership

Leaders provide the direction, encouragement and resources to enable good outcomes for detainees. (For definition of leaders, see Glossary.)

2.1 Good leadership helps to drive improvement and should result in better outcomes for detainees. This narrative is based on our assessment of the quality of leadership with evidence drawn from sources including the self-assessment report, discussions with stakeholders, and observations made during the inspection. It does not result in a score.

2.2 The centre manager had injected positive energy and direction into the centre and was well supported by other senior leaders in Care & Custody and the Home Office. As a result, there had been a series of recent positive changes, with promising and, in many cases, well-advanced plans for further improvements. Notably, leaders had committed themselves to substantial investment to upgrade the physical environment of the centre, including a refurbishment of the reception area to increase private interviewing space.

2.3 Home Office and Care & Custody leaders had employed more staff and managers at all levels, which was helping to create a more resilient and capable staff group. However, while detainee custody officers were notably engaged and enthusiastic, inexperience and poor practice was a consistent theme in our staff survey, and middle managers were not always ensuring consistent standards. Senior leaders had recognised this and had placed a proper focus on improving the capability, visibility and oversight provided by first line managers.

2.4 New leadership and increased staffing in the safer custody team were helping to establish a more effective approach to promoting safety in the centre. Similarly, a new senior manager was tackling identified weaknesses in the reception process through a new approach to early days risk assessment and support.

2.5 Leaders had taken positive action to reduce illicit drug supply, especially by paying more attention to increasing physical security and tackling staff corruption. However, the overall approach to the drugs problem remained underdeveloped and there was not yet enough investment in detection technology.

2.6 Weaknesses in analysing and acting on security information were being addressed through an imminent uplift in security staffing. There had also been recent improvements in governance of force, but leaders had not ensured a consistent staff understanding of policies relating to the care and separation unit.

2.7 Collation and use of data in safer custody and a variety of other areas, including security, were not good enough to drive improvement.

2.8 As we have found at other recent inspections, Home Office leaders had improved resourcing for the detention engagement team, which had in turn significantly improved contact and communication with detainees, contributing to the relatively calm atmosphere in the centre. However, Home Office policies to minimise the length of detention of vulnerable detainees were not sufficiently effective.

2.9 The number of staff in the health care management team had increased, enabling more robust oversight of staff supervision, training and appraisals, resulting in a workforce with clearer direction.

2.10 Dedicated and passionate leadership of activities had considerably expanded the range of provision, and there had been good efforts to consult detainees.

2.11 Good partnership working with the Home Office had helped the centre to improve welfare support to detainees and there were appropriate plans to expand the service. However, leaders had not incorporated detainee feedback into this process and they had not focused enough on promoting family contact or providing comprehensive pre-release support services.

Section 3 Safety

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

Arrival and early days in detention

Expected outcomes: Detainees travelling to and arriving at the centre are treated with respect and care. Risks are identified and acted on. Detainees are supported on their first night. Induction is comprehensive.

3.1 The busy reception area had seen 904 arrivals in the previous three months, an average of approximately 70 a week. The high numbers were partly caused by Colnbrook temporarily managing receptions for the neighbouring Harmondsworth immigration removal centre (IRC) while their reception area was closed for refurbishment. Most arrivals were from short-term holding facilities, police stations or prisons.

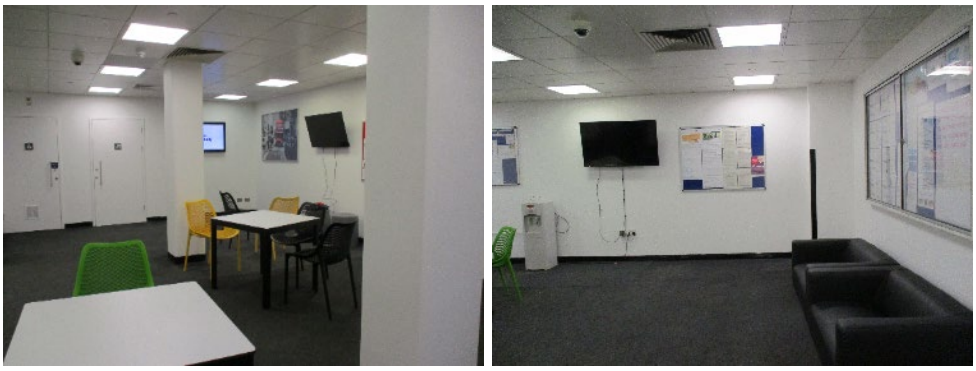
3.2 Many detainees continued to be transported at night: in the previous three months nearly a third of detainees had arrived between 10pm and 6am, many after lengthy journeys. People arriving during the evening lock-up period could not have a shower.

3.3 Reception staff were helpful and most detainees in our survey reported respectful treatment. In our interviews detainees were also largely positive about the experience of arriving at the centre. However, the booking-in process was often slow, with some detainees waiting for around three hours, sometimes after being delayed for over an hour in vehicles waiting to come into the centre.

3.4 Brief reception interviews were conducted at the reception desk, often with detainees standing alongside each other, which did not offer the necessary privacy to encourage disclosure of concerns and anxieties, or to assess risks adequately. Detainees were searched in private in small booths and, in our survey, 83% said they were searched in a respectful way. However, searches were conducted by single members of staff (both male and female), which did not provide sufficient safeguards for either party.

Colnbrook reception

3.5 The reception area was clean and a spacious rear waiting room was adequately furnished with comfortable sofas, dining tables and television, although there was little translated information. Detainees had access to hot drinks and a toilet, and some hot food was offered. Clean clothes were provided to those who needed them.



Rear waiting room in reception

3.6 Detainees were given a mobile phone on arrival, but they were not issued with credit until after their formal induction, which considerably delayed contact with family and friends. Leaders told us that they were resolving this (see paragraph 6.32). Detainees who arrived outside shop hours could not buy basic items, such as vapes, with the potential for them to get into debt with their peers. We were told that this had been addressed after the inspection.

3.7 The dedicated first night accommodation was adequate, but shared cells were not always cleaned for arriving detainees. Detainees were checked at least twice during their first night.

First night cell

3.8 A helpful induction was carried out the day after arrival, which was attended by a range of departments. A useful PowerPoint presentation was given in a range of different languages. A centre induction tour was then carried out, which was helpful, although less so for those who did not speak English.

Safeguarding

Expected outcomes: The centre promotes the welfare of all detainees and protects them from all kinds of harm and neglect. The centre provides a safe environment which reduces the risk of self-harm and suicide. Detainees at risk of self-harm or suicide are identified at an early stage and given the necessary care and support.

Safeguarding of vulnerable adults

3.9 Despite good efforts to increase staff reporting of concerns (see paragraph 3.37), a fifth of frontline operational staff who responded to our staff survey said they did not know how to raise a safeguarding concern and a quarter said they would not raise a concern if they had one.

3.10 Levels of identified vulnerability were high, with 23% of detainees assessed at one of the two higher levels of the Home Office Adults at Risk policy (see Glossary), and eight at Level 3. It was welcome that a process was now in place to make sure that centre staff were aware of all detainees assessed to be at risk by off-site casework teams and potentially in need of additional support.

3.11 However, we saw cases where the detention gatekeeper (see Glossary) had not sufficiently explored or taken account of vulnerability before deciding to detain individuals. In one case, the Home Office recorded a long history of mental illness, including schizophrenia and depression, which made the person particularly vulnerable to falling ill in detention. He was detained despite multiple barriers to his removal, including an asylum claim made two years previously and the Home Office estimating that it would take over six months to remove him.

3.12 Another person was detained after the Home Office had not accepted his claim to have a significant disability. However, on arrival at Colnbrook, health care staff reported that he was unfit for detention because of his age, frailty and various musculoskeletal conditions, which led to a decision to release the detainee nine days after arriving at the centre.

3.13 Reception safety interviews did not sufficiently probe vulnerability (see paragraph 3.4) and only 21% of detainees attended a Rule 34 appointment with a GP (see Glossary and paragraph 4.41). However, it was positive that detention engagement team induction interviews took place promptly, and records showed appropriate identification of vulnerability.

3.14 Home Office data for the previous six months showed that 22% of detainees were released following a Rule 35 report (see Glossary), compared with 34% at the last inspection. Most of the 238 Rule 35 reports submitted in the previous six months concerned torture.

3.15 Despite about a third of detainees in our survey saying they had felt suicidal and 37 being placed on constant watch in the previous six months (see paragraphs 3.23 and 3.24), only five reports had been made of detainees suspected of having suicidal intentions. In our review of recent cases, we found two examples of health care staff failing to submit a Rule 35 report when it was required for suicidal intention, despite the staff considering in one of these cases that there was a high risk the detainee would take his life. This suggested that not all lessons had been learned from the Prisons and Probation Ombudsman's (PPO) investigation into a self-inflicted death in 2023. The staff communicated details of their concern in writing to the Home Office casework team in a 'Part C' notice. Under Home Office policy, this should have been sufficient to trigger a review by the casework team of the individual's detention and risk level, but no such review took place.

3.16 We found similar weaknesses in the section of Rule 35 which requires health care to report on any person whose health is likely to be injuriously affected by detention. Only four such cases had been reported in the last six months. We identified one concerning case, where health care failed to inform the casework team that a detainee was having an acute psychotic episode and had lost mental capacity until two months after he had been referred for transfer to hospital under the Mental Health Act 1983.

3.17 In some cases in our sample, the Home Office casework team had not reviewed detention even when health care informed them in a Part C notice of a considerable deterioration in the detainee's health.

3.18 We reviewed 10 Rule 35 reports and their responses. Nine related to torture and one to suicidal ideation. In common with previous inspections, doctors still failed to document incidents of torture and their findings in sufficient detail. Some reports described symptoms suggestive of post-traumatic stress disorder (PTSD) without making an assessment of the condition. However, some reports were now well focused on the impact of continuing detention on the detainees' health.

3.19 Home Office responses were prompt but did not request further detail from GPs when necessary. It was concluded that three detainees had not been tortured under the Home Office definition of torture, which requires the detainee to be 'powerless to resist' the mistreatment. The reasoning in each case was unclear. For example, one detainee was not considered powerless to resist mistreatment by secret police and a severely disabled man was not considered powerless to resist mistreatment by a group of men.

3.20 Most wing staff we spoke to lacked an understanding of the vulnerability of detainees in their care and few were being given individualised support. Vulnerable detainees were not always discussed at the weekly vulnerable detainee meeting. However, the most vulnerable detainees were held in the positive and supportive atmosphere of the care suite (see paragraph 3.23).

Self-harm and suicide prevention

3.21 There had been one self-inflicted death since our last inspection in 2022. Centre leaders had addressed recommendations made by the PPO which were within their control, but did not adequately review whether changes were being sustained. For example, during our night visit we found some staff did not have torches to provide a clear view of people during their checks, which was a PPO recommendation. It was also concerning that Rule 35 reports were not always submitted for detainees suspected of having suicidal intentions (see paragraph 3.15).

3.22 There had been 73 acts of self-harm in the previous six months, involving 45 detainees, three of which were near misses. Investigations had been conducted into each of these, but they focused too much on the immediate circumstances rather than fully considering the lead up to incidents to identify all possible learning. A higher number of self-harm incidents took place in the care and separation unit (CSU) than in any other single location.

3.23 During the previous six months, 37 detainees had been subject to constant supervision, and the majority of these were now appropriately conducted in the care suite. Detainees who were located there spoke positively of their living conditions and improved well-being due to the discrete, quiet and more relaxed space, with large cells and good levels of staff interaction and oversight.

Care suite cell

3.24 In our survey, 35% of detainees said they had felt suicidal at some time in the centre. In our interviews, detainees variously reported stress, depression, anxiety and, in some cases, thoughts of self-harm or suicide. Wing staff were not well enough equipped to care for the number of detainees with significant mental health need, and it was welcome that mental health awareness training was due to start shortly after the inspection.

3.25 Assessment, care in detention and teamwork (ACDT) reviews were now conducted daily at a consistent time and in a dedicated, quiet room in the care suite. The reviews were well attended, including by staff from the detention engagement team, mental health and chaplaincy, and we saw some good multidisciplinary support provided to detainees. However, ACDT paperwork that we reviewed suggested inconsistent care reflected in, for example, weak or missing care plans, and post-closure reviews were not always completed.

3.26 Data on all aspects of safety were not yet well enough collated and analysed to yield useful learning about how to reduce self-harm or violence. The weekly safety intervention meeting (SIM) was well attended and provided the basis for a good forum, but did not systematically consider support for all individual detainees of concern. Attendance at monthly safer communities meetings was variable, and few actions were raised at either meeting.

Safeguarding children

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

3.27 Processes to safeguard children were sound. No children had been held in the centre in the previous 12 months and there had been no age dispute cases. The centre had a comprehensive child safeguarding policy, which included guidance for staff on caring for children and managing any individuals who posed a risk to them. The centre had recently made the necessary links with the local authority for managing any cases involving children. There were appropriate arrangements to safeguard children attending visits.

Personal safety

Expected outcomes: Everyone is and feels safe. The centre promotes positive behaviour and protects detainees from bullying and victimisation. Security measures and the use of force are proportionate to the need to keep detainees safe.

3.28 The centre felt calm and well ordered and had two small units – Sahara unit and the care suite – where detainees told us they felt more relaxed and safer than on the big wings. However, in our survey, 37% of detainees said they felt unsafe, similar to other IRCs. In our interviews, they cited a range of factors affecting feelings of safety, including intimidating behaviour by other detainees, the availability of drugs, being locked behind their doors and the uncertainty of immigration cases (see Appendix I).

3.29 There had been 65 assaults in the previous six months, including 34 on staff, although only one had been classed as serious. A small number in our survey said they had experienced physical assaults by staff but provided no further details, and none of those interviewed said they had been assaulted by staff.

3.30 Most detainees whom we interviewed told us they had not seen any fights and that staff responded to them appropriately if they did occur. However, some said that staff were not experienced or capable enough to manage incidents effectively and that responses to poor behaviour, such as pushing in meal queues, was often inadequate. We observed generally poor management of both meal and medicines administration lines by staff (see paragraph 4.67).

3.31 Restorative practice in the form of mediation was well established, and there were advanced plans to train additional staff to help expand its use. In theory, detainees who behaved poorly by, for example, intimidating or bullying others, were also managed through an anti-social behaviour/violence reduction scheme, but it was not used consistently and had little management oversight. It was also intended

to support victims, although only four had received support using this approach in the previous six months.

3.32 The use of data to help understand and reduce violence was weak (see paragraph 3.29). However, it was positive that staffing levels in the safety team had recently increased and leadership oversight was improving.

Security and freedom of movement

Expected outcomes: Detainees feel secure. They have a relaxed regime with as much freedom of movement as is consistent with the need to maintain a safe and well-ordered community.

3.33 The security team was in the process of being substantially strengthened and this was beginning to bear fruit in more rigorous and consistent procedures. An up-to-date local security strategy was in place.

3.34 Ingress of drugs was a major issue and the amount of drugs and related paraphernalia found through searching had been increasing. In our survey, 19% of respondents said that it was easy to get illicit drugs in Colnbrook. There was still no comprehensive drug strategy, but it was in preparation in collaboration with the Home Office, and there was some evidence of recent progress. Most notably, investment in netting and fencing improvements had reduced throwovers of contraband to a considerable extent, although they remained a problem.

3.35 Improvements in technology such as CCTV and sophisticated detection equipment were planned and were much needed in light of a more developed criminal market in drugs. Staff searching was starting to increase but had been carried out on only a small scale to date.

3.36 There had also been good outcomes from addressing staff corruption in this area, with seven staff leaving in 2024, and good collaboration with the police, including regular meetings at senior level. There was evidently a greater commitment among staff to address concerns about corrupt colleagues: the number of reports from staff on confidential issues had increased fivefold in 2024.

3.37 Basic processes for handling security intelligence were sound, but not enough intelligence information was being submitted by staff, with 500 reports in the previous six months. The small number of staff in the security team were fully stretched in the immediate processing of such information reports. They did not have the capacity to analyse and act upon it in depth, nor to be visible around the prison raising the awareness of staff and encouraging them to report relevant information.

3.38 Apart from the few on Sahara unit, all detainees continued to be locked in their cells from 9.15pm to 8am during the week and for an equivalent time at the weekend. Leaders had not yet taken the opportunity

presented by the greatly increased number of staff in the centre to open up the regime in a way more fitting to administrative immigration detention.

3.39 There was reasonable freedom of movement during the day, apart from an hour's lock-up at lunchtime, but access to the activity areas in the evenings had been considerably restricted in response to higher levels of non-compliance with the charter removals that took place on some evenings, to the disadvantage of many detainees.

Use of force and single separation

Expected outcomes: Force is only used as a last resort and for legitimate reasons. Detainees are placed in the separation unit on proper authority, for security and safety reasons only, and are held in the unit for the shortest possible period.

3.40 There had been 72 uses of force in the previous six months, a level comparable to other centres. Staff were, on the whole, calm and confident in situations where detainees had to be restrained, and very few officers were not up to date with their annual training. No detainees who took part in our one-to-one interviews said that they had witnessed or suffered from excessive use of force.

3.41 The written records of incidents were detailed and were appropriately reviewed by managers within 24 hours of the incident. However, there was insufficient evidence of some aspects, such as debriefing of staff or of the detainee who had been restrained.

3.42 The general oversight of use of force had suffered through lack of resources, with no oversight meetings taking place over a recent eight-month period. However, this was being addressed by bringing in new managers with extensive experience of oversight of, and training for, the use of force. Regular monthly governance meetings had recently resumed.

3.43 The vast majority of people on external hospital escorts were handcuffed, with insufficient justification in some records that we reviewed. There was evidence of inconsistency among managers in deciding whether to use handcuffing where the risks were low or unclear, and they often did not make the reason for their decision clear in the records.

3.44 Almost all use of the care and separation unit (CSU) (153 out of 170 in the previous six months) was in response to harmful behaviours or threats. The purpose was often, on the admission of managers, to provide a cooling-off period for a distressed or angry detainee. The reasons given for removal from association included ‘showed no remorse’ and ‘general rude attitude’, illustrating that the use of this rule was sometimes punitive rather than based on risk as the rule required. The average stay was over two days, which was too long, and on average someone went to the CSU almost every day.

3.45 A small number of detainees were also held in the upper section of the CSU, without being on Rule 40 or 42, to test behaviour and to prepare for return to normal location. They were still essentially in conditions of removal from association and, in the absence of authorisation in accordance with the statutory requirements, this was an illegitimate use of the unit.

3.46 The CSU staff were stretched but had a mature and positive approach to supporting people in their charge. The unit was due to benefit from an additional 10 staff following a recruitment campaign.

3.47 The physical conditions remained too austere. Although technically the more severe measure of temporary confinement (Rule 42) was very rarely used (once in the last six months), the cells were equivalent to those normally used for Rule 42. They contained no normal furniture and bore the marks of years of wear and tear. The exercise yard was a steel cage barely five metres square, although some recreational equipment had been added to the communal area. The occupants had very limited access to the activity areas of the centre and to recreational facilities in the unit.

3.48 The basic processes for the authorising and review of separation were carried out effectively in daily multidisciplinary reviews, and there was a strong focus on return to normal location. Full records were kept, but there was not enough use of data to analyse use of the unit or to develop constructive plans for improvement.

Legal rights

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

3.49 Too many people had been detained for lengthy periods: 56% had been detained for more than a month at the time of the inspection and the cumulative average length of detention was 67 days. Two people had been held for more than a year and the longest detention was for 741 days, which was unacceptable.

3.50 This was particularly poor given that half of those leaving the centre in the last six months had been released into the community and only 40% had been removed, with the remaining 10% being transferred to other centres. More than half of those released had been by decision of an immigration judge.

3.51 In our casework sample, cases had become unreasonably prolonged for several reasons, including poor case progression and a lack of travel documentation. Home Office estimates of the time it might take to remove detainees, an important factor in determining the legality of detention, were sometimes too vague and suggested that the possibility of removal was remote.

3.52 In three cases that we examined the Home Office considered it would take over six months to remove the detainee. Two of these cases were of particular concern because there was no functioning readmission agreement with the detainees' respective countries. Home Office documentation described one of these as 'a test case' for removal to the country, which was inappropriate, particularly as the negotiations for the removal of the detainee had already taken 18 months. Delays in the provision of release accommodation was a further factor increasing the length of detention (see paragraph 6.38).

3.53 Detainees continued to be frustrated at the lack of information from casework teams on the progress of their cases. In two cases, no detention and case progression review had been held for four consecutive months and one detainee had not received a monthly update on his case during the six months that he had been detained.

3.54 Too many case progression review action plans included actions for caseworkers to monitor the progress of the work of other Home Office teams, rather than set time limits for tasks to be completed. It was not clear from these reviews where ultimate responsibility lay for driving progression.

3.55 The work of the detention engagement team (DET) had improved considerably since the last inspection, when it was understaffed. DET leaders had been given additional resources in the year before the inspection which they had used to implement a range of good initiatives to increase contact with detainees. In addition to regular DET surgeries in the centre, staff now attended all ACDT reviews (see paragraph 3.25) and face-to-face detainee contact was carefully monitored. Staff had met all but 10 detainees in the past 14 days and had recorded 736 face-to-face engagements in the previous four weeks.

3.56 The team was better integrated with other Home Office casework teams and it was good to see that DET managers had raised some systemic problems identified in our casework analysis, such as weakness in the identification of vulnerability of detainees sent to the centre and the failure to hold case progression reviews.

3.57 Detainees had prompt access to 30 minutes of publicly funded advice under the Detained Duty Advice Scheme (DDAS). DDAS surgeries took place on weekdays, but almost all were conducted over the telephone, which was not popular with detainees.

3.58 Only 45% of detainees in our survey said they had received free legal advice in Colnbrook and only 52% of those who had an immigration lawyer said it was easy to contact them, with just 20% receiving a legal visit. Detainees experienced problems with the quality of the legal support they received. Welfare staff told us that DDAS solicitors often did not use an interpreter for consultations, that it could take too long – sometimes weeks – for solicitors to confirm that they were taking on a detainee's case, and some were difficult to contact by telephone. Welfare staff were aware of the process to report concerns about

DDAS representatives to the Legal Aid Agency but said they rarely did so, which was a missed opportunity to drive improvements.

Section 4 Respect

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

Staff-detainee relationships

Expected outcomes: Detainees are treated with respect by all staff, with proper regard for the uncertainty of their situation and their cultural backgrounds.

4.1 Detainees generally spoke positively of staff, describing the majority as professional and caring. In our survey, 79% said that staff treated them with respect all or most of the time and 70% said they had a member of staff they could turn to. We saw many positive interactions, including on residential units, in the welfare department and in activities. However, some detainees and staff responding to our surveys raised concerns about inappropriate behaviour by some detainee custody officers (DCOs) who were described as rude and unprofessional in their interactions with detainees. There was also inconsistent challenge by staff of low-level poor behaviour by detainees such as vaping in communal areas.

4.2 A unit officer scheme gave staff responsibility for providing support and advice to detainees and encouraging engagement in the regime. The scheme was underdeveloped and most detainees we asked were unaware of it, while the majority of the records we viewed mentioned activities, behaviour and requests, but not individuals' needs and well-being. Leaders had identified these shortcomings and plans to address them were in their early stages.

4.3 Peer work was limited, with two welfare buddies employed at the time of our inspection. These buddies provided good support to residents in completing documentation, such as bail applications, and were a valuable addition to the welfare department. Leaders had advanced plans to introduce peer workers in both reception and induction to support detainees during their early days by explaining key processes and providing a point of contact for questions. This was a promising initiative given the risks and vulnerability associated with early days in detention.

Daily life

Expected outcomes: Detainees live in a clean and decent environment suitable for immigration detainees. Detainees are aware of the rules and routines of the centre. They are provided with essential basic services, are consulted regularly and can apply for additional services and assistance. The complaints and redress processes are efficient and fair. Food is prepared and served according to religious, cultural and prevailing food safety and hygiene regulations.

Living conditions

4.4 Living conditions were generally reasonable but much of the prison-style accommodation had been in need of refurbishment for several years. Leaders had recently agreed a rolling renovation programme that was due to start in summer 2025.

4.5 The main concerns raised by detainees were poor ventilation and the state of the showers. In our interviews, many detainees complained about stuffy cells and the fact that they could not open the sealed windows. This was especially problematic for people who did not want to inhale the smoke from vapes, cigarettes or sometimes cannabis that we found on some units.

4.6 Most of the showers we looked at were in poor condition and they were still located in plain sight on the main landings, with stable doors providing inadequate screening.

Showers

4.7 Detainees in Echo unit and the care suite usually had single accommodation and all others shared cells, which were reasonably spacious and well maintained. On Sahara unit, three detainees shared each dormitory room but, despite having limited space, they were positive about their living conditions and the community environment in this unit, where they were never locked in their cells.

4.8 Staff made regular checks to make sure that cells were well equipped but repairs to important items such as toilet privacy screens could take too long. There were also long-standing issues with stained toilets and sinks, which leaders intended to address during the planned refurbishment. The recent introduction of kettles by the new residential manager was welcomed by detainees.

Stained toilet and sink (top row), Sahara cell (left) and double cell

4.9 Communal areas were generally clean and clear of litter and detainees could access adequate cleaning materials. Softer furnishings on the Sahara unit helped to create a calmer environment where 88% of detainees in our survey said it was easier to relax and sleep at night compared to 47% on other wings. Positively, some of the exercise yards now had murals and turf, making them more welcoming. However, they remained small for the population and there was a lack of green space throughout the centre.

Exercise yards – refurbished (top) and not refurbished

Detainee consultation, applications and redress

4.10 Many detainees told us they did not know how to make a complaint or were not confident to do so and, in our survey, 41% said they were too afraid to make a complaint. Management oversight of complaints was too limited and there was no discussion of trends or numbers at a senior level.

4.11 Despite every complaint response going through a quality assurance process, responses were often late and were not always sent to the contact details provided by the detainee. Many were also poorly written and failed to accept that a complaint was substantiated even when fault was identified and accepted. No responses were translated into other languages.

4.12 Centre staff regularly consulted detainees via forums, comment books and surveys. However, consultation was often undermined by poor attendance by detainees and key managers. For example, many of the concerns raised at the resident consultative committee related to food, the shop and facilities, but these managers rarely attended and actions

often rolled over from meeting to meeting with no resolution. There was also very little communication with detainees about changes that may have been made following consultation.

Residential services

4.13 In our interviews, many detainees were negative about the quantity and quality of the food and it was often mentioned as the worst thing about the centre. Detainees were provided with two hot meals a day and dining facilities on the wings provided a good opportunity to eat together.

On-wing dining facilities

4.14 The food that we observed was adequate, but consultation and communication with detainees about food were ineffective (see paragraph 4.12) and a food survey failed to get a single response.

4.15 Most detainees had access to limited self-catering facilities – usually a single microwave and a toaster – which was not enough to accommodate cultural dietary requirements such as halal. More self-catering facilities were available on the Sahara unit and they were valued by detainees. The cultural kitchen also gave detainees an opportunity to cook a wide range of food, but it had been closed for most of the previous six weeks (see paragraph 5.10).

Cultural kitchen

4.16 Detainees could buy a reasonable range of items from the popular shop, but many wanted more fresh and healthy produce. Such items were limited because of a lack of storage space and there had been little useful consultation (see paragraph 4.12).

Shop

Equality, diversity and faith

Expected outcomes: There is a clear approach to promoting equality and diversity, underpinned by processes to identify and address any inequality or discrimination. The distinct needs of detainees with protected and any other minority characteristics (see Glossary) are recognised and addressed. Detainees are able to practise their religion. The multi-faith team plays a full part in centre life and contributes to detainees' overall care and support.

Fair treatment and inclusion

4.17 There was limited focus on promoting a consistently inclusive culture in which all staff took responsibility for ensuring fair treatment. There was instead a silo mentality with most staff considering that the response to discrimination on the basis of protected characteristics (see Glossary) was a function of the equality team.

4.18 Work to support inclusion and fair treatment was, therefore, weak and had also been undermined by a lack of dedicated staff resource. A senior manager had been overseeing the area, but there had been no dedicated equality team over the previous 12 months. Positively, this had just been rectified with the recent recruitment of an equality manager and two equality officers, but they were not yet having a tangible impact on detainee experiences.

4.19 Governance and oversight of equality were poor. The centre did not gather data on all protected characteristics and focused principally on nationality with inadequate analysis for disproportionality. Strategic meetings were so poorly attended that they were often cancelled and there was thus little oversight or ability to drive an action plan forward to improve outcomes for detainees.

4.20 The centre did not routinely ask detainees on arrival about their protected characteristics and when they did it was not in a private space to encourage disclosure. We spoke to some detainees who felt unsafe because of their sexuality and did not feel that they were getting the support they needed. Some had asked for help and were placed on a care plan as a means of providing support, but the care plans indicated little support and there was no input from the equality manager (see paragraph 3.25).

4.21 In our detainee survey, 68% of detainees with a disability felt unsafe compared to 28% of detainees with no disability, but staff did not understand the reason for this. Although health care staff asked about disabilities on arrival, they did not always communicate well enough with the centre and had a poor understanding of personal emergency evacuation plans (PEEPs). We found one detainee with a disability who had not been given adequate support because reception staff did not identify the disability and health care did not recommend a PEEP or adequately share key information about his vulnerability with the

centre. The centre only had one adapted cell and we found one detainee who needed an adapted cell but had not been placed in one for two weeks.

4.22 In our survey, detainees who could not speak English were more negative about numerous aspects of detention compared to detainees who could speak English. They said that they were significantly less likely to receive information in their first two days about key activities such as visits, legal advice and how to access immigration staff, and only 12% of these detainees had a job compared to 40% of detainees who could speak English. There were not enough translated materials in key areas across the centre such as reception and the welfare office. We also observed a translation tablet being used inappropriately in welfare to ask sensitive questions in front of other detainees.

Faith and religion

4.23 Faith provision was reasonably good and most detainees had access to regular religious services. The chaplaincy had improved its visibility across the centre and now attended key meetings to support the most vulnerable, such as ACDT reviews and care and separation unit (CSU) visits. The Buddhist chaplain had just left and was proving difficult to replace, which was a gap for a small number of detainees.

4.24 During the day, detainees could access an attractive and welcoming faith area with a mosque, chapel and temple and religious texts were available in a range of languages. However, the new induction leaflet issued by welfare staff and tour of the faith facilities were only available in English.

Chapel (left) and temple

Health services

Expected outcomes: Health services assess and meet detainees' health needs while in detention and promote continuity of health and social care on release. Health services recognise the specific needs of detainees as displaced persons who may have experienced trauma. The standard of health service provided is equivalent to that which people expect to receive elsewhere in the community.

4.25 The inspection of health services was jointly undertaken by the Care Quality Commission (CQC) (see Glossary) and HM Inspectorate of Prisons under a memorandum of understanding agreement between the agencies. The CQC found there were no breaches of the relevant regulations.

Strategy, clinical governance and partnerships

4.26 Practice Plus Health & Rehabilitation Services Limited (PPG) had been the main health provider at Colnbrook IRC since 2022. They subcontracted most GP services to Langley GP practice, and psychology and psychiatry to North London NHS Foundation Trust. The Forward Trust provided psychosocial substance misuse services and Smile Dental Care was the dental provider.

4.27 NHS England (NHSE) monitored the contract through analysis of regular data submissions and review meetings. Quarterly partnership board and weekly local quality delivery board meetings were well attended by Care & Custody, NHSE and Home Office representatives. The meetings provided an appropriate strategic overview with a focus on improving the service. However, health care staff attendance at some key centre meetings had been intermittent because of sickness and pressure of work.

4.28 Additional funding had been granted by NHSE to increase staffing and enable PPG to implement a new model of care that was to be phased in from April 2025. The model included a focus on early days in detention and planned and unplanned care and seemed promising.

4.29 Staff had been recruited to new roles in anticipation of the new model and staffing levels had improved across most teams. Regular bank and agency staff were also used to cover shifts when needed. However, there were still vacancies in the pharmacy and mental health teams, which were stretched. Psychology provision was especially under-resourced, leading to long waits for this much needed service.

4.30 The service was generally well led and we found a conscientious staff group striving to deliver a good standard of care. Some detainees had complained about staff attitudes and rudeness, and these concerns were reiterated during our staff and detainee interviews. Health care leaders told us they were addressing these issues with their staff.

4.31 Recruitment had been a priority and health care managers had also focused on increasing clinical and managerial supervision and staff appraisals, which were now at acceptable levels. Staff now had more direction about their own development needs and the needs of the organisation. Compliance with mandatory training was mostly good, with the exception of safeguarding training, although sessions were now scheduled for all remaining staff.

4.32 Some aspects of governance were robust, including the management of adverse clinical incidents. The investigations were thorough, trends were being monitored and lessons learnt were shared with staff. However, the management of complaints was poor. There had only been three formal complaints in the last six months. Despite this, responses were slow, often poorly written and did not fully address the issues identified. There was no quality assurance process to check the content.

4.33 We were informed that concerns were often resolved face to face. While in principle this was positive, issues were not logged and could not therefore be analysed for emerging themes. We were advised that PPG were rolling out training on complaints and concerns which was scheduled for later in February 2025.

4.34 Daily handovers and multidisciplinary complex case reviews were well attended by representatives of all health teams and provided a good forum for optimising patient care and sharing service updates.

4.35 All services used SystmOne, the electronic medical record. Patient records that we reviewed varied in standard from adequate to comprehensive, but oversight of tasks on SystmOne was weak. There were 622 tasks showing as incomplete dating back to 2022. These varied from administrative tasks to abnormal pathology results and requests for imaging. Patient records that we sampled suggested that the clinical tasks had in fact been actioned, but oversight of this area was clearly lacking.

4.36 The results from regular audits, patient satisfaction surveys and feedback from the residents consultative committee meeting were driving service improvements.

4.37 Infection control standards were adequate and regular cleaning was undertaken by centre staff. Clinical equipment was calibrated annually.

4.38 Registered clinical staff were trained in immediate life support and had access to suitable and regularly checked equipment which was in good order.

4.39 Health promotion material was visible across the centre and was available in several languages. Notice boards were updated with posters focusing on current health campaigns. Staff supported detainees with information and advice for self-checks and when to speak to a clinician. The team had good links with local TB services. There was access to screening services, including for diabetic

retinopathy. Smoking cessation services were available, but uptake was low.

Primary care and inpatient services

4.40 Detainees received a comprehensive initial health screen on arrival by a registered nurse to identify their health needs. Appropriate referrals were made and any immediate concerns were addressed. Telephone interpretation was used for consultations when needed and information about health services could be accessed in many languages.

4.41 All detainees were offered a GP appointment within 24 hours in line with IRC Rule 34 (see paragraph 3.13), which was an important safeguard. Although there was some attempt by staff to follow up those who did not attend, the uptake was low, and this was a missed opportunity to capture health concerns.

4.42 At the time of the inspection, 121 detainees were waiting for an average of three weeks to see the GP for a routine appointment, which was too long. Those with urgent needs were seen on the same day. The wait for a Rule 35 appointment was 15 days, which was also too long. As at the previous inspection, too few reports were completed for detainees suspected of having suicidal intention or for those whose health was likely to be injuriously affected by continued detention (see paragraph 3.9).

4.43 The uptake of blood-borne virus testing was very good, with referral to appropriate clinics if required. The team had effective links with sexual health and HIV services. Barrier protection was available but not advertised.

4.44 Care for those with long-term conditions was led by the head of primary care and these patients were well managed. Some did not have a care plan, but we found that appropriate care was being delivered in the cases we reviewed. Referrals were made to hospital specialists as required but too many appointments were missed for a variety of reasons, including a lack of detention officers available for escort.

4.45 The uptake of vaccinations and immunisation was very low despite encouragement and education about the benefits.

4.46 Patients who did not attend appointments were followed up with texts and calls to encourage them to attend. These rates were monitored but too much clinic time was wasted through missed appointments. The provider was working with the centre and patient engagement lead to reduce non-attendance.

4.47 Allied health professional clinics such as podiatry and optometry were available, all with acceptable waiting times and low waiting lists.

4.48 All detainees were seen by a nurse before leaving the centre and were given a summary of their medical records and at least two weeks' medication.

Mental health

4.49 There was a high level of mental health need. The integrated mental health team (IMHT) received referrals from reception screening, DCOs, the Home Office and self-referral, which were triaged daily during the week and prioritised according to clinical need. However, there was a shortfall in mental health staffing and the service was only provided on weekdays which meant that detainees were not always assessed within specified timescales. In December 2024, there had been 279 referrals: 20% of routine referrals were not seen within the five-day target and 15% of the 84 urgent referrals were not seen within the 48 hours timescale. The longest wait had been nine days for a routine appointment.

4.50 The IMHT comprised mental health nurses, the psychology team, clinical and psychosocial substance misuse staff and a visiting psychiatrist. Prescribing reviews and related physical health checks were undertaken.

4.51 Mental health nurses provided triage and full mental health assessments and signposted cases to relevant teams according to the needs identified. They also held a small caseload of patients with enduring and complex mental health needs, a few of whom were managed under the care programme approach, and they liaised with their community mental health teams. The IMHT participated in multidisciplinary team reviews, including for patients on the CSU and the care suite, and the weekly vulnerable persons' meeting.

4.52 Attendance at ACDT reviews had considerably improved as a result of a regular time slot which allowed the IMHT to prioritise attendance. On the infrequent occasions when they were unable to attend, an update was sent (see paragraph 3.25).

4.53 The waiting times for psychological interventions, although reducing, were still too long. At the time of the inspection, there were 82 detainees on the waiting list and an initial assessment took eight weeks. Following this, individual sessions were offered. The implementation of therapeutic workshops in June 2024 was a positive initiative which had helped to reduce waiting times. Four workshops were offered, including coping with trauma/hardships and managing strong and overwhelming emotions in detention, and they had elicited good detainee feedback. Two further workshops had been developed but additional resource was needed to implement them. A business case for three more assistant psychologists to work across both Colnbrook and neighbouring Harmondsworth site had been re-submitted to PPG to improve access to this much-needed service.

4.54 The centre had use of two beds at a local psychiatric intensive care unit. During the previous year, two patients had been transferred under section 48 of the Mental Health Act within the 28-day national guidance. However, one patient had waited too long because the beds were occupied and had eventually been sectioned under section 2 of the Mental Health Act. In one case, it took four months from referral to

the detainee's transfer, during which time he was segregated for 40 days in the CSU.

4.55 On transfer, a mental health nurse accompanied the patient to provide support and make the transition as smooth as possible, which was positive practice.

4.56 A mental health awareness training package for DCOs had been developed by the psychology team and training sessions were scheduled.

Substance misuse treatment

4.57 The demand for substance misuse services had increased since the last inspection, with 29 detainees receiving opiate substitution treatment and 42 supported by the psychosocial team. Detainees with substance use problems were referred promptly on reception to the clinical substance misuse team, which provided good support. Prescribing for opiate dependence usually focused on reduction to a level safe for transfer or flight. However, prescribing remained flexible and detainees were involved in treatment decisions with regular joint reviews and care plans in place. We saw good examples of patient notes which captured the detainee's views well.

4.58 Any detainee withdrawing from alcohol was not admitted to the centre and was either sent to Harmondsworth IRC, where there was an enhanced care unit, or to hospital for treatment.

4.59 The psychosocial substance misuse team was now almost at full strength, but a recent staff shortfall had undermined the delivery of effective care. Detainees were waiting for over a month to be seen and in several cases they had almost completed reduction of their methadone before receiving psychosocial support intended to help them during detoxification.

4.60 Weak governance and data recording issues had affected the reporting of accurate assessment information. It was a concern that this poor reporting had not been picked up at contract review meetings and challenged for corrective actions. However, the Forward Trust provided updated data which demonstrated an improving picture, with more timely assessments being conducted.

4.61 The Forward Trust had a good range of supportive workbooks and materials available in different languages and tailored to the needs of detainees.

4.62 If released into the community, detainees were linked into support services and training and Naloxone (a drug to reverse the effects of an opiate overdose) and harm minimisation information were provided.

Medicines optimisation and pharmacy services

4.63 Sig Care, an off-site pharmacy service, was contracted to dispense medicines to the IRC every weekday. Physical prescriptions were signed on site and sent to the pharmacy and dispensed medicines were usually delivered back to the centre on the same day. A new on-site pharmacy at Harmondsworth IRC was due to open soon to replace this service.

4.64 A comprehensive range of medicines in the on-site emergency cupboard ensured that detainees arriving out of hours had timely access to critical medicines. A robust process was in place to reconcile medicines used from this stock. A range of patient group direction medicines were available without the need for prescription and detainees had good access to an appropriate range of medicines for minor ailments.

4.65 Vacancies and recent absences in the pharmacy had reduced oversight and had affected some services. Not all detainees' medicines were reconciled on arrival, but an increased focus had improved compliance from 14.1% to 85.5% in the last quarter. No pharmacist-led medicine use reviews were delivered, which was a gap.

4.66 At the time of the inspection, only 28% of detainees received their medicines in possession, which was too low. PPG had plans to address this. A biometric cabinet had been installed from which detainees would be able to access their medicines, following an in-possession risk assessment. However, detainees did not have their own lockable cabinets to store their medicines.

4.67 The pharmacy room was tidy and well organised. Medicines, including controlled drugs, were appropriately stored and transported. Medicines were administered from one hatch in the health care department three times a day, led by pharmacy technicians. The hatch was open for a total of eight hours every weekday and 7.5 hours at weekends. The administration of medicines was poorly supervised by DCOs and was not confidential (see paragraph 3.30). We observed unchallenged disruptive behaviour during the prolonged administration sessions, which created an unacceptable environment. A robust and supportive process was in place for detainees who did not collect their medicines.

4.68 Information about medicines was available in a variety of languages, with any language available on request through the PPG contract with Big Word.

4.69 Recent gaps in medicine management meetings had reduced oversight of some safety issues, including some inappropriate prescribing of anti-depressant medicines. A new prescriber forum met for the first time during our inspection. Medicines were supplied to detainees who were released, transferred or removed.

Oral health

4.70 Smile Dental Care delivered a range of NHS treatments for detainees at Colnbrook and the neighbouring Harmondsworth IRC, with flexible staffing to meet the needs of each site. Staff had a comprehensive package of training and appraisal.

4.71 The service was responsive, although some detainees were waiting an average of six weeks for a routine appointment, with 77 patients on the waiting list at the time of the inspection. The dental waiting list was triaged effectively with urgent care prioritised. The practice did not have an additional hygienist and the dentist undertook this role as required.

4.72 Detainees were given oral health advice during appointments and interpreting services on the telephone or by a dental team member were often used. The dentist could prescribe pain relief and antibiotics as required. Oral health promotion was good and a recent workshop had been supported by health care.

4.73 The service kept a log of patients who did not attend their appointments. These patients were followed up with a phone call and rebooked if necessary.

4.74 The large, well-lit dental suite was clean and met infection prevention control standards, with a separate decontamination room. Staff completed regular environmental audits and daily equipment checks to make sure safety standards were met and maintained. Equipment was serviced and maintained appropriately.

Section 5 Activities

The centre encourages activities and provides facilities to preserve and promote the mental and physical well-being of detainees.

Access to activities

5.1 Detainees' access to activities was reasonably good. They were unlocked and able to leave their wings to visit activity areas and outside yards for six hours every day and two hours in the evenings. However, recent changes to security arrangements had reduced the number participating (see paragraph 3.28). Facilities such as the gym, internet room, library and shop were available seven days a week. Others, such as classrooms, the barber shop and cultural kitchen, were provided five days a week with some additional events offered at weekends.

5.2 In our survey, only 40% of detainees said they had enough to do to fill their time. There were around 200 activity places in education and work, enough for about two-thirds of detainees. This provision had increased since our last inspection, but many detainees chose not to participate, which meant that some facilities were underused. However, there were no waiting lists for activities, except for the cultural kitchen (see paragraph 5.10).

5.3 The centre gathered good quality data on attendance by scanning detainees' ID cards at each activity session. Data showed that the most attended activity was the internet room, where detainees could contact family, friends and their legal representatives via e-mail, or view internet sites for news or entertainment. Social media were blocked, but most websites were available, including sources of help and advice for asylum seekers and refugees. Demand was high and at certain times detainees were queuing outside the room, and their time on the computers was limited to one hour. When we visited, two of the 15 computers were out of order.

5.4 Recreational facilities on most units were reasonably good. All units except E wing had a large television, PlayStation games, a pool table and table football. Wing offices held stocks of games such as playing cards, backgammon, chess, draughts and Jenga. An events manager had recently been appointed to organise recreational activities such as barbeques and concerts to provide a greater variety of experiences for detainees.

Education and work

5.5 A manager for learning and regimes had improved the delivery of activities and had carried out a detainee consultation exercise to determine new course proposals. One of these, a painting and decorating course, had already started. This was a good initiative, helping to develop useful work skills, although only a small number of detainees had been involved so far. There were also well-developed

plans to offer barista coffee-making, baking, and parenting classes, and to expand the number of accredited courses.

5.6 The provision of creative pursuits classes had been strengthened. There were classrooms and specialist tutors for music, art, floristry, cake decoration and balloon art. These activity rooms were welcoming and well equipped. They created opportunities for detainees to develop new skills in a calm and positive atmosphere, with good support and encouragement from tutors and the other students. These classes were popular with detainees, many of whom told us that attending them contributed positively to their mental well-being.

5.7 English and ICT teachers had developed good teaching materials and were skilled in managing their classrooms to meet the needs of learners with widely different levels of attainment. In one class, a group of ESOL (English for speakers of other languages) learners of different nationalities made good progress in developing their vocabulary. The teachers' skilful use of group activities and one-to-one interactions helped the detainees to build confidence in communicating in English and enjoy their learning. In the ICT classroom detainees could use well-produced handbooks with the computers to develop skills in applications including publishing and graphics. Teachers now had internet-enabled computers in their classrooms, allowing them to use translation tools, which made it much easier to introduce topics to non-English speakers.

5.8 The numbers attending these classes remained low. Many learners dropped out after one or two sessions, although those who attended regularly made good progress. During the previous three months, detainees had achieved 138 internally accredited awards, mainly in English, ICT and floristry, 64 of which were also externally accredited. In our survey, a quarter of detainees said they attended education; 93% of whom said that they found it helpful. We observed good interaction between staff and detainees, and course reviews featured very positive comments on the support provided by tutors.

5.9 Quality assurance of teaching was limited. Peer observations of teaching took place and most teachers had been observed and received feedback from colleagues. However, records of these observations consisted mainly of positive accounts of the class delivery, with few or no suggestions for improvement. More independent evaluation could have helped teachers to develop their practice.

5.10 The cultural kitchen was very popular with detainees, who valued the opportunity to prepare and share their own food, and there was a waiting list to use it. Cooking and food preparation facilities were good, with space for around eight people to prepare meals of their own choice with help from a catering tutor. However, the kitchen had been closed for six weeks before the inspection because of staff absence. It was very poor that inadequate cover had been provided for one of the most popular of the centre's activities.

5.11 The barber shop was another popular facility, often busy throughout the day, and serving a social function as a place to meet and chat as well as having a haircut. Four detainees cut hair while being supervised and taught by the instructor. They were able to achieve a basic qualification in barbering.

5.12 The availability of paid work for detainees had increased: there were 97 job roles available, of which 58 were filled. Most of the jobs were mundane and three-quarters were for cleaners and servery workers. None of these provided training or recording of the skills that were developed. Training was provided for six detainees who worked as buddies in the welfare office, helping their peers with applications and communication with legal representatives. A small number of detainees worked in the kitchen, but they worked only on pot washing, with no opportunity to learn catering skills.

5.13 Detainees were paid £1 an hour and could earn up to £30 a week. Procedures for handling work applications were efficient, but applicants were vetted by the Home Office staff, who sometimes refused them employment if they were deemed to be uncooperative with immigration procedures. This was an inappropriate interference with the centre's management of the population.

Library provision

5.14 The library was a pleasant room with comfortable seating and tables for study or games. There were two computer workstations for detainees to use for legal business. The area was well used, with an average of 209 visits each week. A reasonable number of daily newspapers were provided, including one in Arabic. Games and puzzles were also available. Prisoners could order books and there was a small stock of films on DVD.

5.15 The book stock was large, but not well suited to the needs of the population, and loan rates were low. At least two-thirds of the books were in English, mostly paperback novels with limited appeal for the centre's population. Most of the non-fiction books were old and were little used, although there was a useful stock of dictionaries in a wide range of languages. There had been no recent initiatives to promote reading, such as book groups or recommendations from staff.

5.16 There were small collections of books in about 18 languages and the centre regularly purchased new stock. However, stock losses were very high, leading to shortages of books in the languages spoken by many detainees, such as Albanian. In our survey, only a third of those responding said that the library had appropriate materials to meet their needs.

5.17 Staff were friendly and approachable, but had no professional knowledge of library work, so could provide only limited help to detainees in using the collection. The signage and classification system was not good enough to support easy access to the books.

5.18 Files containing copies of immigration and asylum laws were on the library desk. Files containing information about countries to which detainees might be returned were available. Some, but not all of these, had recently been updated.

Fitness provision

5.19 Fitness provision had improved since the last inspection and was good. There was a spacious sports hall and two gymnasiums, one for weights training and one for cardiovascular training. Nearly all the equipment was in good condition and the facilities were open seven days a week. Some of the exercise machines could be adjusted for use by wheelchair users. There was no outdoor sports area, but the sports hall was in regular use for football, volleyball and cricket games. The number of qualified PE instructors had increased and at least two were on duty every session.

5.20 All detainees were offered a gym induction to enable them to use the equipment safely. The induction information was available in 18 languages. In the rare cases where a detainee's health condition made them unsuitable for gym activities, staff were alerted by the health care department. Once inducted, detainees' access was generally unrestricted and they could attend every session if they wished. Detainees in the care and separation unit and care suite were offered gym sessions during the lunchtime lock-down period.

5.21 The PE staff team consulted detainees at a quarterly sports committee meeting attended by regular users of the gym. Improvements to equipment and facilities were discussed, and some actions had been carried out as a result, for example new flooring had been installed in the weights room.

5.22 Leaders had secured funding for a link with Brentford Football Club, which provided week-long training courses for up to 10 detainees. Combining classroom learning and football training sessions, the courses led to the Football Association's coaching certificate for grassroots sport. Those completing the course were offered support for a coaching role in community sport after their release. The course had run once and was both popular and successful, with eight detainees successfully completing it. Funding had been achieved for five further programmes over the following year.

Section 6 Preparation for removal and release

Detainees are able to maintain contact with family, friends, support groups, legal representatives and advisers, access information about their destination country and be prepared for their release, transfer or removal. Detainees are able to retain or recover their property.

Welfare

Expected outcomes: Detainees are supported by welfare services during their time in detention and prepared for release, transfer or removal before leaving detention.

6.23 The welfare team had expanded in the last year to six staff, which was good, and a further increase was due in the coming months to provide access in the evenings. The new staff team were passionate about their roles, but most had only been in post for less than a year and lacked training to support detainees with more complex issues. For example, in some cases detention engagement team (DET) staff had referred detainees to the welfare service for accommodation support, but the service was unable to guide them through this process.

6.24 The drop-in service in an open plan office was well managed, with a small waiting area outside to maintain a calm and ordered atmosphere inside. However, the lack of space for private interviews was sometimes a problem, for example we saw very sensitive questions being asked using an interpretation device in front of others. Two welfare buddies (see paragraph 5.12) were based in the waiting area and provided valuable support to detainees in sending legal correspondence by email and fax.

Welfare office

6.25 During the previous six months, there had been an average of 966 welfare contacts a month. Detainees used the welfare service mainly for removal or release interviews, legal assistance or to see the DET. Some staff were able to speak several languages, but there was little translated information available (see paragraph 4.22). Welfare staff visited the CSU each day to offer support to those residing there, although during the inspection a detainee was not seen before a charter flight (see paragraph 6.42).

6.26 There were much improved relationships with the Home Office who held six surgeries a week over three days. One session was dedicated to those who wanted to pursue a voluntary return, which was welcomed by this group of detainees. Co-location helped the DET to work well with the welfare officers.

6.27 Bail for Immigration Detainees, Jesuit Refugee Service and Detention Action attended the centre regularly, providing valued support. Referrals could be made to International Returns and Reintegration Assistance (IRARA) who supported detainees returning to their country of origin, but they did not come into the centre to provide one-to-one bespoke support.

Visits and family contact

Expected outcomes: Detainees can easily maintain contact with their families and the outside world. Visits take place in a clean, respectful and safe environment.

6.28 In our survey, almost a third of detainees said they had trouble contacting their family when they first arrived at the centre (see also paragraph 3.6). There was good availability of visits, seven days a week between 2pm and 8.30pm, and visitors could stay for as long as they liked in that session. Bookings could only be made via email, but the website was now available in a number of different languages, making it more accessible. There were good public transport links to the centre.

6.29 Families and friends were processed quickly through the visitors' centre. The visits hall provided a positive and relaxed environment and was in good condition, with welcoming décor and a small children's soft play area. During our inspection, the hall was cold and we saw visitors wearing their coats throughout as a result of problems with the heating. No refreshments were available to buy and the shop had not been open for several months, which was poor given that visitors were sometimes there for several hours.

Visits hall

6.30 A complaints box was available in the visitors' centre and a safer community hotline number was advertised if a concern needed to be raised about an individual. Visitors we spoke to were happy with the way staff treated them but there was no mechanism for them to give feedback about their experience.

6.31 Detainees who did not receive visits were not monitored or supported, and there was no active befrienders scheme.

Communications

Expected outcomes: Detainees can maintain contact with the outside world regularly using a full range of communications media.

6.32 A good stock of basic mobile phones was available to detainees on arrival, but they could not use them until the day after arrival, when £5 credit was activated following completion of their induction (see paragraph 3.6). The phone signal was good and was checked twice a day by the Home Office to make sure there were no problems. Contingencies were in place should there be a fault.

6.33 Access to computers was good and the main room for internet access was always busy. There were an additional two computers in the library for legal information and those living on the Sahara unit had access to their own computers. Printing facilities were readily available and the two buddies in the welfare office were able to support detainees in the sending of email and faxes during the day. Social media continued to be prohibited.

6.34 There was low uptake of Skype calls with family and friends and only 101 applications had been made to use this service in the previous 12 months, across both Colnbrook and Harmondsworth IRCs. The service was poorly located in the computer room, which was noisy and offered no privacy, and this contributed to detainees not wanting to use it. However, a new video-calling booth was being set up imminently in the library, with plans to advertise the service more effectively.

New skype booth

6.35 In our survey, 31% of detainees said they had problems sending or receiving mail. We found delays in distributing mail to detainees which was not reaching them within the agreed four-hour period. Post continued to be monitored only from Monday to Friday and detainees who received mail or parcels at weekends could wait days for them to arrive. When detainees collected their post from reception, they were required to open it in front of staff, which was inappropriate. Detainees could send one free letter a week and unlimited legal mail.

Leaving the centre

Expected outcomes: Detainees leaving detention are prepared for their release, transfer or removal. Detainees are treated sensitively and humanely and are able to retain or recover their property.

6.36 During the previous six months, half the detainees leaving the centre had been released into the community and only 40% had been removed. The remaining 10% were transferred to other centres in the immigration estate.

6.37 Many detainees were held for long periods because of delays in finding release accommodation after they were granted bail/bail in principle. The Home Office could not supply data on the number of detainees this affected.

6.38 The complex array of statutory provisions under which detainees could apply for support with accommodation was a contributory factor to the delays. One detainee in our survey said:

> 'I have been here for almost 6 months it's a pure torture. The reason I am detained here coz I don't have an address to go to, it's getting more complicated'.

6.39 In one case in our sample, an application for accommodation support made under Section 4 of the Asylum and Immigration Act 1999 was refused because it should have been made under Section 95 of that Act. Another detainee's application under Section 4 of the 1999 Act was refused because it should have been made under Schedule 10 of the Immigration Act 2016. There was insufficient support for detainees to understand the complex statutory provisions governing applications for support, as neither the DET nor welfare staff were familiar with them.

6.40 The DET were now routinely collecting data on the number of detainees who had been bailed with no fixed abode (NFA). In the previous 12 months, 24 individuals had been released NFA.

6.41 Multidisciplinary team meetings (MDT) were taking place for those with complex needs. Risks were identified and discussed, but it was not always clear if actions had been followed up and completed. There was good turnout from key agencies, but health care did not always attend, despite being vital to many of the discussions. We observed an MDT for a detainee which clearly indicated that there had been no communication between different agencies within the final hours of his removal.

6.42 Welfare staff were not routinely seeing every detainee before release and there were no procedures to make sure they did not miss anyone being discharged from the centre. During our inspection, a vulnerable detainee was not seen before removal on a charter flight, even after requesting this support. Notes from meetings with detainees who were seen focused on whether they would comply with removal and not on addressing any outstanding needs the detainee might have.

6.43 The contract with the Hibiscus charity, which provided assistance with reintegration as well as practical and emotional support, had ended one year previously and there had been a gap in provision since then. Referrals could be made to IRARA, but they did not attend the centre to provide one-to-one support and only offered help to individuals returning to nine countries.

6.44 Suitable clothing was available if needed and travel warrants and a list of community support agencies were provided. Detainees were not invited to give feedback on their time in the centre.

Section 7 Progress on recommendations from the last full inspection report

Recommendations from the last full inspection

The following is a summary of the main findings from the last full inspection report and a list of all the recommendations made, organised under the four tests of a healthy establishment.

Safety

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

At the last inspection in 2022, we found that outcomes for detainees were reasonably good against this healthy establishment test.

Key recommendations

New arrivals should be received promptly into the centre and reception processes, including interviews with detainees, should promote disclosure of vulnerabilities. Detainees should receive an induction that informs them of how to access all key activities and services in the centre, supported by written information that they can understand.
Not achieved

Rule 35 reports should provide a clear and detailed assessment of the detainee's injuries and a comprehensive assessment of the impact of continued detention on their physical and mental health.
Not achieved

The detention engagement team should resume face-to-face contact with detainees as a priority and make sure that all detainees can telephone their engagement worker easily.
Achieved

All detainees should be able to communicate freely with their legal representative at all times, including prompt access to emails.
Achieved

Recommendations

The Home Office should ensure that all information shared about adults at risk is accurate.
Achieved

Leaders should investigate and address the reasons for some staff being unwilling to raise whistleblowing concerns.
Not achieved

All use of separation should be proportionate and fully justified.
Partially achieved

The Home Office should make sure that detention is not prolonged unnecessarily when there is little prospect of a detainee's removal within a reasonable timescale.
Not achieved

Respect

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

At the last inspection in 2022, we found that outcomes for detainees were reasonably good against this healthy establishment test.

Key recommendations

The environment should be improved through well-ventilated residential units that are kept in good repair, showers and toilets that are properly screened, and well-equipped and more welcoming exercise yards.
Not achieved

The centre should address issues of equality, diversity and inclusion comprehensively, supported by sufficient staff to make sure that monitoring, analysis, provision and support are consistent for all protected characteristics, and that the detainee voice is heard and acted on.
Not achieved

Recommendations

Officers should be visible in units and interact regularly and positively with individual detainees to help support them during their detention.
Partially achieved

The centre should use an organised system of staff interpreters to assist detainees who have little or no English, and should use a professional interpreting service whenever full confidentiality is required.
Partially achieved

Psychological interventions should be offered to meet the needs of detainees.
Partially achieved

Detention staff should be trained in mental health awareness to promote trauma-informed custodial care.
Not achieved

Activities

The centre encourages activities and provides facilities to preserve and promote the mental and physical well-being of detainees.

At the last inspection in 2022, we found that outcomes for detainees were reasonably good against this healthy establishment test.

Recommendations

Managers should investigate the reasons for poor take-up of education courses, and devise plans to make them more attractive to detainees and increase enrolments.
Partially achieved

PE staff should make sure that only detainees who have been fully inducted into the use of fitness equipment are allowed to use it.
Achieved

Preparation for removal and release

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.

At the last inspection in 2022, we found that outcomes for detainees were reasonably good against this healthy establishment test.

Recommendations

The centre should identify detainees who do not receive a visit. They should be supported to ensure they are not at increased risk of isolation and heightened vulnerability, and referrals made to support organisations as necessary.
Not achieved

Visitors should be able to contact the centre easily and discreetly to report concerns about the safety or well-being of a detainee, and to record suggestions or views arising from their visit.
Partially achieved

Detainees should be made aware that they can use video calling, and other social networking sites should be made available.
Not achieved

Post should be monitored and delivered to detainees on all days of the week it is received.
Not achieved

The Home Office should convene multidisciplinary meetings to plan for the removal and release of more vulnerable detainees to make sure their welfare is promoted and suitable arrangements are in place, as needed, for their travel, reception and continuity of care.
Partially achieved

The Home Office should gather data on the use of electronic monitoring and provide effective oversight of the process of fitting tags.
Not achieved

Appendix I About our inspections and reports

HM Inspectorate of Prisons is an independent, statutory organisation which reports on the treatment and conditions of those detained in prisons, young offender institutions, secure training centres, immigration detention facilities, court custody and military detention.

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 prisoners/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. For immigration removal centres the tests are:

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

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

Activities
The centre encourages activities and provides facilities to preserve and promote the mental and physical well-being of detainees.

Preparation for removal and release
Detainees are able to maintain contact with family, friends, support groups, legal representatives and advisers, access information about their destination country and be prepared for their release, transfer or removal. Detainees are able to retain or recover their property.

Under each test, we make an assessment of outcomes for detainees and therefore of the establishment's overall performance against the test. There are four possible judgements: in some cases, this performance will be affected by matters outside the establishment's direct control, which need to be addressed by the Home Office.

Outcomes for detainees are good.
There is no evidence that outcomes for detainees are being adversely affected in any significant areas.

Outcomes for detainees are reasonably good.
There is evidence of adverse outcomes for detainees in only a small number of areas. For the majority, there are no significant concerns. Procedures to safeguard outcomes are in place.

Outcomes for detainees are not sufficiently good.
There is evidence that outcomes for detainees are being adversely affected in many areas or particularly in those areas of greatest importance to the well-being of detainees. Problems/concerns, if left unattended, are likely to become areas of serious concern.

Outcomes for detainees are poor.
There is evidence that the outcomes for detainees are seriously affected by current practice. There is a failure to ensure even adequate treatment of and/or conditions for detainees. Immediate remedial action is required.

The tests for immigration detention facilities take into account the specific circumstances applying to detainees, and the fact that they are not being held for committing a criminal offence and their detention may not have been as a result of a judicial process. In addition to our own independent *Expectations*, the inspection was conducted against the background of the Detention Centre Rules 2001, the statutory instrument that applies to the running of immigration removal centres. Rule 3 sets out the purpose of centres (now immigration removal centres) as being to provide for the secure but humane accommodation of detainees: in a relaxed regime; with as much freedom of movement and association as possible consistent with maintaining a safe and secure environment; to encourage and assist detainees to make the most productive use of their time; and respecting in particular their dignity and the right to individual expression.

The statutory instrument also states that due recognition will be given at immigration removal centres to the need for awareness of the particular anxieties to which detainees may be subject, and the sensitivity that this will require, especially when handling issues of cultural diversity.

Our assessments might result in identification of **areas of concern**. Key concerns identify the areas where there are significant weaknesses in the treatment of and conditions for detainees. To be addressed they will require a change in practice and/or new or redirected resources. Priority concerns are those that inspectors believe are the most urgent and important and which should be attended to immediately. Key concerns and priority concerns are summarised at the beginning of inspection reports and the body of the report sets out the issues in more detail.

We also provide examples of **notable positive practice** in our reports. These list innovative work or practice that leads to particularly good outcomes from which other establishments may be able to learn. Inspectors look for evidence of good outcomes for detainees; original, creative or particularly effective approaches to problem-solving or achieving the desired goal; and how other establishments could learn from or replicate the practice.

Five key sources of evidence are used by inspectors: observation; detainee and staff surveys; discussions with detainees; discussions with staff and relevant third parties; and documentation. During inspections we use a mixed-method approach to data gathering and analysis, applying both qualitative and quantitative methodologies. Evidence from different sources is triangulated to strengthen the validity of our assessments.

Other than in exceptional circumstances, all our inspections are unannounced and include a follow up of recommendations from the previous inspection.

All inspections of immigration removal centres in England are conducted jointly with the Care Quality Commission. This joint work ensures expert knowledge is deployed in inspections and avoids multiple inspection visits.

This report

This report outlines the priority and key concerns from the inspection and our judgements against the four healthy establishment tests. There then follow four sections each containing a detailed account of our findings against our *Expectations. Criteria for assessing the conditions for and treatment of immigration detainees* (Version 4, 2018) (available on our website at Expectations – HM Inspectorate of Prisons (justiceinspectorates.gov.uk)). Section 7 lists the recommendations from the previous full inspection (and scrutiny visit where relevant), and our assessment of whether they have been achieved.

Findings from the survey of detainees and a detailed description of the survey methodology can be found on our website (see Further resources). Please note that we only refer to comparisons with other comparable establishments or previous inspections when these are statistically significant. The significance level is set at 0.01, which means that there is only a 1% chance that the difference in results is due to chance.

Inspection team

This inspection was carried out by:

Martin Lomas	Deputy Chief inspector
Hindpal Singh Bhui	Team leader
Rachel Badman	Inspector
Deri Hughes-Roberts	Inspector
Martin Kettle	Inspector
Alice Oddy	Inspector
Steve Oliver-Watts	Inspector
Chelsey Pattison	Inspector
Fiona Shearlaw	Inspector
Tareek Deacon	Researcher
Alicia Grassom	Researcher
Emma King	Researcher
Helen Ranns	Researcher
Sophie Riley	Researcher
Joe Simmonds	Researcher
Maureen Jamieson	Lead health and social care inspector

Simon Newman	Health and social care inspector
Mark Griffiths	Care Quality Commission inspector

Appendix II Glossary

We try to make our reports as clear as possible, and this short glossary should help to explain some of the specialist terms you may find.

Adults at risk policy
This Home Office policy sets out what is to be taken into account when determining whether a person would be particularly vulnerable to harm if they remained in detention. There are three risk levels under the policy.

Care Quality Commission (CQC)
CQC is the independent regulator of health and adult social care in England. It monitors, inspects and regulates services to make sure they meet fundamental standards of quality and safety. For information on CQC's standards of care and the action it takes to improve services, please visit: http://www.cqc.org.uk

Case Progression Panels
Case progression panels consider whether detention remains appropriate.

Certified normal accommodation (CNA) and operational capacity
Baseline CNA is the sum total of all certified accommodation in an establishment except rooms in segregation units, health care rooms or rooms that are not routinely used to accommodate long stay patients. In-use CNA is baseline CNA less those places not available for immediate use, such as damaged rooms, rooms affected by building works, and rooms taken out of use due to staff shortages. Operational capacity is the total number of detainees that an establishment can hold without serious risk to good order, security and the proper running of the planned regime.

Detention gatekeeper
The Detention Gatekeeper's role is to provide an additional layer of assurance that detention decisions are appropriate and in accordance with the Home Office's suitability criteria.

National referral mechanism (NRM)
The framework for identifying and referring potential victims of modern slavery and ensuring they receive the appropriate support.

Protected characteristics
The grounds upon which discrimination is unlawful (Equality and Human Rights Commission, 2010).

Protection of adults at risk
Safeguarding duties apply to an adult who:
- has needs for care and support (whether or not the local authority is meeting any of those needs); and
- is experiencing, or is at risk of, abuse or neglect; and

- as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of, abuse and neglect (Care Act 2014).

Rule 34 Detention Centre Rules
Requires a medical examination of every detained person by a GP within 24 hours of their arrival at an immigration removal centre.

Rule 35 Detention Centre Rules
Provides that:

(1) The medical practitioner shall report to the manager on the case of any detained person whose health is likely to be injuriously affected by continued detention or any conditions of detention.
(2) The medical practitioner shall report to the manager on the case of any detained person they suspect of having suicidal intentions, and the detained person shall be placed under special observation for so long as those suspicions remain, and a record of their treatment and condition shall be kept throughout that time in a manner to be determined by the Secretary of State.
(3) The medical practitioner shall report to the manager on the case of any detained person who they are concerned may have been the victim of torture.
(4) The manager shall send a copy of any report under paragraphs (1), (2) or (3) to the Secretary of State without delay.
(5) The medical practitioner shall pay special attention to any detained person whose mental condition appears to require it, and make any special arrangements (including counselling arrangements) which appear necessary for their supervision or care.

Appendix III Summary of detainee interviews

Every detainee at Colnbrook was offered a confidential individual interview with an inspector. A few did not want to be interviewed when inspectors went to see them, and we eventually conducted 38 interviews, including 17 with professional interpretation. We also issued an invitation, through various voluntary and community groups, for recently released detainees to speak to us. No detainees were referred to us through this route. The interviews were semi-structured and were held from 22–23 January 2025. What follows is a brief summary of the key messages that emerged. The opinions of interviewers are not included, and this represents only the views of interviewees. These interviews were used as one source of evidence to inform the rounded judgements made by inspectors in the body of this report. The principal objectives were to identify concerns about safety and safeguarding of individual detainees, and to deepen inspectors' understanding of the culture in the centre. The detainees we spoke to were self-selecting and the findings below should be seen as supplementing our detainee survey findings. We followed up any allegations of concern and have reported on outcomes in the main body of the report where we were able to corroborate.

Key themes from 38 detainee interviews, including 17 with an interpreter

Detainees reported positively on their arrival experience

Most detainees said they had a positive reception experience, although some said it took too long. They saw healthcare and immigration staff and nearly all said they were treated respectfully, both by them and by reception staff. Some people reported that induction was too brief and unhelpful, and in some cases that they had not received an induction at all. A few said they were allocated unprepared rooms, for example without adequate bedding.

Most detainees described feeling physically safe but were concerned about insufficient staff intervention in altercations

Detainees said they felt safe from physical assault and either had not seen fights or thought they were rare. In most cases, they said fights were quickly stopped by staff, but some did not think that staff were always experienced or capable enough to deal with incidents effectively.

Some detainees reported conflicts between nationality groups and problems because of people being frustrated or having mental health problems. Examples of disruptive behaviour included kicking and banging doors at night or having arguments at the servery. Many detainees thought that staff did not exercise enough control at mealtimes and allowed some detainees to push in and/or take extra food. Similarly, a number of detainees said that staff did not challenge people vaping around the centre and were concerned about passive smoking. Others told us that drugs, mainly cannabis, were easy to obtain and that staff were not robust enough in tackling use. This was regularly cited as being one of the worst things about the centre.

Other reasons given for feeling unsafe were the uncertainty of immigration cases, being locked into cells and having to share cells, especially when this was with people who did not speak the same language or who may have been in prison.

Many detainees said they were struggling with mental health problems

Detainees variously reported stress, depression, anxiety and, in some cases, thoughts of self-harm or suicide due mainly to feelings of hopelessness about immigration cases. Those held in the care suite, which was for people in immediate distress, found it more peaceful and relaxing than the main units.

Some reported feeling nervous about coming out of their rooms and were effectively self-isolating. These detainees did not feel that staff were vigilant or proactive enough to notice that this was happening.

Very few had witnessed inappropriate staff behaviour and none alleged excessive force by staff

No one reported seeing excessive force from staff. One man who had told staff he would resist removal said that they persuaded him to go to reception without force and treated him well.

A small number of people said that staff had behaved inappropriately towards them or others; the examples given were immigration or healthcare staff being rude or dismissive, and in one case, detention staff failing to manage professional boundaries by being over-familiar with detainees.

Detainees generally felt that staff treated them with respect but were not proactive enough in offering support

Nearly all interviewees said detention staff treated them well or reasonably well, and none said they treated them poorly. They described largely polite behaviour, for example addressing them by their first names and knocking before entering their rooms.

However, some detainees did not find staff helpful if they had a problem, with one saying all staff say is, 'I only work here, it’s the Home Office you need to speak to'. Language barriers, staff inexperience and inability to deal with concerns raised hindered positive relationships.

Some detainees also said that staff were not proactive enough in addressing wider needs and risks, such as following up those who did not collect food, ensuring detainees had enough clothing and having an awareness of those who mental health was deteriorating.

There were a few negative reports on treatment by Home Office and healthcare staff, with some detainees saying they viewed them as ‘criminals’ and did not want to hear their concerns.

Many detainees either did not know about or were not confident to use the complaints process.

The state of showers, poor ventilation and inadequate food were common themes

A strong theme was the inadequate variety and quantity of food, which was most commonly mentioned as being the worst thing about the centre. Detainees said there was too much starchy food and not enough fresh, unprocessed food. Several detainees said the shop did not sell enough healthy food.

Most of the concerns raised about living conditions related to the showers. Some detainees thought they had picked up infections from dirty and poorly draining showers.

A few people complained about lack of ventilation in cells with windows that did not open, and some were concerned about noisy wings and being locked into their units earlier than advertised.

Most detainees were positive about the attitude of health staff, but many said they had problems accessing mental health services

Most detainees found it reasonably easy to see a doctor or nurse and several reported positively on their treatment by healthcare staff. All said they had interpretation in healthcare as needed. However, many said it was difficult to access mental health support, and some reported that problems in communication between the units and healthcare obstructing their access to health appointments. Some detainees said it was difficult to obtain appropriate medication, especially for pain relief.

Many detainees lacked sufficient information about their cases and some had problems with getting adequate legal support

The problem of getting timely information about case progression was a common theme. Most felt they had good access to welfare staff and some mentioned the useful support they were receiving from Bail for Immigration Detainees. Some detainees complained about poor lawyers and one man had problems because he had to appoint a new lawyer when he moved from Dungavel to Colnbrook as a result of different rules in England.

Detainees said the most positive aspects of the centre were the activities and many of the detention staff

The most commonly mentioned positive aspects of life at the centre were activities such as the gym, library and education, respectful staff and the chaplaincy. However, many felt there were not enough on-wing activities.

Appendix IV Further resources

Some further resources that should be read alongside this report are published on the HMI Prisons website (they also appear in the printed reports distributed to the prison). For this report, these are:

Detainee population profile

We request a population profile from each centre as part of the information we gather during our inspection. We have published this breakdown on our website.

Detainee survey methodology and results

A representative survey of detainees is carried out at the start of every inspection, the results of which contribute to the evidence base for the inspection. A document with information about the methodology and the survey, and comparator documents showing the results of the survey, are published alongside the report on our website.

Survey of centre staff

Staff from the centre are invited to complete a staff survey. The results are published alongside the report on our website.

Any enquiries regarding this publication should be sent to us at the address below or: hmiprisons.enquiries@hmiprisons.gsi.gov.uk

This publication is available for download at: Our reports – HM Inspectorate of Prisons (justiceinspectorates.gov.uk)

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