



Report on an unannounced
inspection of

Derwentside Immigration Removal Centre

by HM Chief Inspector of Prisons

15 September – 3 October 2025



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Introduction

Derwentside, located in County Durham and operated by Serco, is an immigration removal centre for women, which at the time of our inspection could hold up to 84 detainees. A former Ministry of Justice juvenile facility, the centre had benefited from significant improvements since its opening. Inspectors were impressed by the positive culture and commitment to continuous development evident throughout the establishment. At this inspection, outcomes for detainees were good across all four healthy establishment tests, with progress against most of the concerns raised at the 2022 inspection.

Living conditions were very good, with efforts made to soften the environment and create a space that felt less institutional and more supportive. Communal areas and residential units were clean, well maintained, and thoughtfully designed, contributing to a sense of pride among both staff and detainees. The introduction of a well-equipped cultural kitchen had been particularly successful, it enabled women to cook and share food together and had contributed to a sense of community.

Staff-detainee relationships were a clear strength of the centre. Most women reported that staff treated them with respect and that they had someone to turn to if they needed support. The key worker scheme, now well established, was helping to address day-to-day concerns, and the welfare team, which had expanded in recent months, provided women with structured and compassionate support from arrival through to release.

Health care provision was robust and responsive, with a skilled and established team delivering a high standard of care. The proactive approach to health promotion and the availability of information in multiple languages had also supported positive outcomes. Mental health support was particularly strong, with women reporting high levels of satisfaction and timely access to specialist services.

The centre offered a wide range of purposeful activities, including education, work, arts and crafts, and fitness opportunities. The activities timetable was translated into several languages, ensuring accessibility for all, and the library served as an excellent social hub, providing resources and support that were valued by the women. Outdoor spaces were well maintained and freely accessible, further enhancing the quality of daily life.

Preparation for removal and release was managed with care and attention to detail. Women leaving the centre received practical support, including travel warrants, information booklets in their own language, and transport to the train station. Staff were proactive in helping detainees maintain contact with family and support networks, and voluntary return schemes were facilitated effectively.

Leadership was strong and forward-looking, with significant improvements in governance and quality assurance. The positive detention culture project (PDC) had provided valuable insights and coaching, supporting managers at all levels to build on the centre's strengths and address areas for development.

Partnership working across agencies was a particular asset, ensuring that the needs of detainees are met in a holistic and coordinated manner.

Derwentside stands as an example of what can be achieved through committed leadership, dedicated staff, and a clear focus on the welfare of those in detention. While there remain areas for improvement, the centre's strengths and positive practices provide a solid foundation for continued progress. All those involved should be commended for their hard work and encouraged to build on these achievements going forward.

Charlie Taylor

HM Chief Inspector of Prisons

October 2025

What needs to improve at Derwentside Immigration Removal Centre

During this inspection we identified eight key concerns, of which one should be treated as a priority. 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. **There were not enough female detention staff to cover duties where detainees needed supervision and support from a woman.** Such duties included overnight first night in custody checks on sleeping women, and support for women at risk of self-harm who had previously experienced male violence.

Key concerns

2. **Many detainees were still being transported overnight and had long journeys to the centre.** This had included pregnant women and those at risk of self-harm.
3. **In a number of cases, the Home Office had not identified, explored, or taken sufficient account of vulnerability in making its initial decision to detain.** These cases included women with serious mental illness, those who had experienced gender-related violence and some who had informed officials that they were pregnant. The quality of Rule 35 reports, which provided a safeguard once women were detained, was also worse than we usually see.
4. **Too much of the food on offer was bland and unappetising, and portion sizes varied significantly.**
5. **Complaint responses took too long and were not translated.** This meant that too many detainees either did not receive or understand the complaint response.
6. **There was a lack of systematic identification and support for women with disabilities or neurodivergent conditions, and for younger and older women.**
7. **There was not enough focus on the importance of family contact for detainees.** Women's ability to contact their children and other members of their family was hindered by poor phone signal and delays in access to social video calls.

8. **Release planning for some vulnerable individuals did not sufficiently address specific risks and vulnerabilities alongside practical concerns.**

About Derwentside Immigration Removal Centre

Task of the establishment

To detain adult women subject to immigration control.

Certified normal accommodation and operational capacity (see Glossary) as reported by the centre during the inspection

Detainees held at the time of inspection: 55

Baseline certified normal capacity: 84

In-use certified normal capacity: 84

Operational capacity: 84

Population of the centre

- The centre received an average of 28 women a month.
- The average cumulative length of detention was 25 days.
- The longest single detention was for 162 days.
- 59% of women were released and 41% transferred to other centres.
- The largest nationality groups were Chinese (20%), Brazilian (20%) and Polish (10%).

Name of contractor

Serco

Escort provider: Mitie Care and Custody

Health service commissioner and providers: NHS England and Practice Plus

Group Health & Rehabilitation Services Limited (PPG)

Learning and skills providers: Serco

Location

Consett, County Durham

Brief history

Derwentside is on the same site as the closed Medomsley Detention Centre and Hassockfield Secure Training Centre. The centre was refurbished by the Home Office and opened in November 2021 as an immigration removal centre (IRC) for adult women run by Mitie Care and Custody. It has been operated by Serco since September 2023.

Short description of residential units

There are four residential units: Elizabeth, Florence, Grace and Harriet. The latter is a first night and induction unit which has opened since the last inspection.

Name of centre manager and date in post

Michael Guy, January 2024

Changes of centre manager since the last inspection

Elaine Tubby, May 2022 - November 2022

Sarah Mallender, November 2022 - September 2023

Norman Abusin, September 2023 - December 2023

Independent Monitoring Board chair
Linda Moss

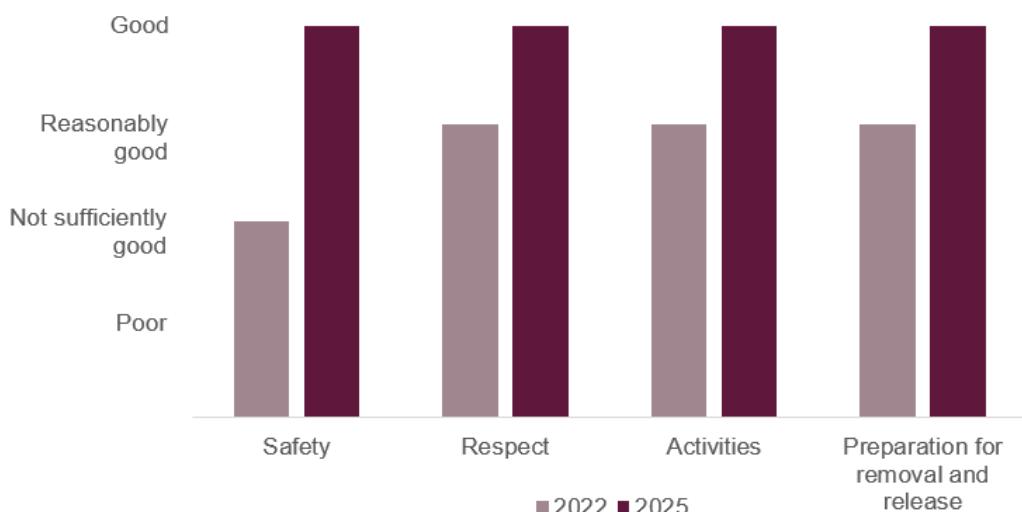
Date of last inspection
August 2022

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 prison (see Section 2).
- 1.2 At this inspection of Derwentside IRC, we found that outcomes for detainees were:
 - good for safety
 - good for respect
 - good for activities
 - good for preparation for removal and release
- 1.3 We last inspected Derwentside IRC in 2022. Figure 1 shows how outcomes for detainees have changed since the last inspection.

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



Progress on priority and key concerns from the last inspection

- 1.4 At our last inspection in 2022, we raised 15 concerns, four of which were priority concerns.
- 1.5 At this inspection we found that eight of our concerns had been addressed, four had been partially addressed and three had not been addressed. Most concerns in the area of safety have been addressed, except the length of detention and long journeys for women. The only concern regarding purposeful activity was addressed but the concern around family contact remained outstanding. For a full list of progress against the concerns, 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 seven 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)	Living conditions were very good. There had also been good efforts to soften the environment and make it less prison-like. All areas were very clean and well maintained.	See paragraphs 4.5 and 4.6
b)	The well-equipped cultural kitchen was used well, with no waiting list. Detainees were able to take food back to units and share it with others, which helped to create a sense of community.	See paragraph 4.14
c)	Proactive health care staff had produced a large amount of information for detainees promoting health and well-being and held regular events which included a weekly exercise group.	See paragraphs 4.36 and 5.16
d)	The library was an excellent social hub, which provided a variety of facilities and well-attended activities. Women highly valued the constant availability of staff to support them with requests and concerns.	See paragraph 5.12
e)	Within 48 hours of arrival, health care and welfare staff completed a follow-up appointment intended to identify detainees' vulnerabilities and put support in place.	See paragraph 6.2
f)	The visits team proactively telephoned all visitors to confirm their visit, provide useful information and offer the opportunity for them to ask questions.	See paragraph 6.5
g)	The centre had produced a letter for released women who did not speak English, which they could give to relevant staff to request help with purchasing a travel ticket.	See paragraph 6.16

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 reports, discussions with stakeholders, and observations made during the inspection. It does not result in a score.
- 2.2 Capable and experienced centre leaders had significantly improved governance and quality assurance across the centre. They had prioritised the improvement of use of force practice and oversight, which was good in all of the cases we reviewed. We also saw appropriate scrutiny and challenge by the Home Office compliance team in relation to both use of force and separation.
- 2.3 The centre had lost a significant proportion of its female staff, largely as a result of the long-term and ongoing failure of ministers to clarify whether the centre would continue to hold women. This continued to hamper local recruitment efforts and, unless addressed, had the potential to undermine detainee outcomes and the improving focus we saw on the specific needs of women in the centre.
- 2.4 The well-resourced Home Office detainee engagement team (DET) was well led and maintained a strong focus on detainee contact. However, Home Office leaders had not yet ensured consistently efficient casework or screening of vulnerable detainees before detention.
- 2.5 The positive detention culture project (PDC) (see Glossary) provided useful data to help senior leaders understand the centre's strengths and weaknesses. It was supported by managers at all levels we spoke to and was helping them to improve their skills.
- 2.6 Significant Home Office investment had resulted in much improved facilities, including a welcoming new induction unit, a large welfare office and a well-used cultural kitchen.
- 2.7 The head of health care provided robust clinical leadership and enabled effective health service delivery from a well-resourced, skilled and responsive team. Partnership working was a particular strength and included regular meetings with Serco, the Home Office, health commissioners and the Independent Monitoring Board.
- 2.8 Leadership of fair treatment and inclusion had been lacklustre, but there were now appropriately ambitious plans to develop provision. Faith leaders were creative in the way that they supported women of all faiths.

- 2.9 Leaders had significantly expanded the range of activities provision in consultation with detainees. However, they had been slow to address a long-term skills deficit among gym staff.
- 2.10 The welfare team was well led and better resourced than at the last inspection. However, not enough was being done to understand women's experiences and needs in relation to family contact.
- 2.11 Leaders' efforts to improve the poor phone signal through a new Wi-Fi service were appropriate but implementation had been too slow and was still some months away.

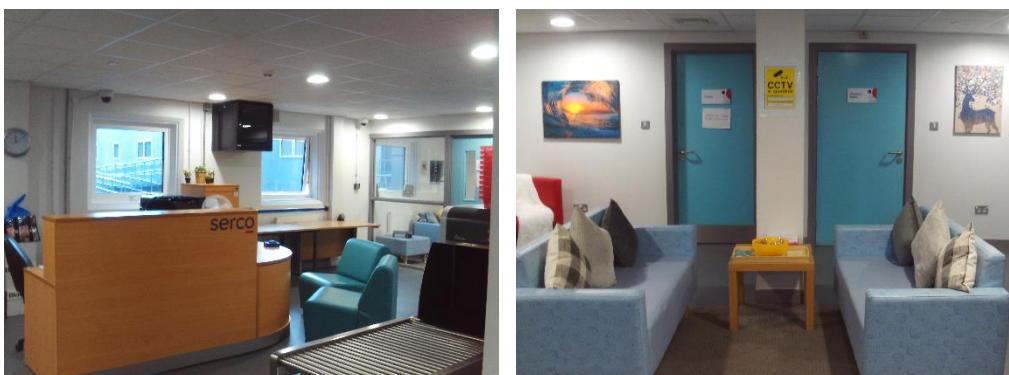
Section 3 Safety

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 Over the previous six months, an average of 28 detainees a week had arrived at the centre, the majority from Manchester short-term holding facility (STHF) and Yarl's Wood IRC. Many women experienced long journeys and around a quarter were moved overnight, including suicidal and pregnant women. In these cases, we saw little evidence of consideration of the impact the journey might have on their health and well-being. One woman at risk of self-harm was originally detained at Croydon reporting centre, then moved to Manchester STHF overnight before arriving at Derwentside IRC. She told us her mental health had been affected as she had not slept properly in three days.
- 3.2 Reception was a welcoming and comfortable environment, and new arrivals were given a rubdown search by a female officer. First night interviews covered key risk factors and vulnerabilities. However, they were still not routinely completed in private or always with interpretation. Welfare and health care staff both completed useful follow-up assessments of all detainees, which helped to identify outstanding needs and vulnerabilities.



Reception

- 3.3 The induction process had improved since our last inspection. In our survey, detainees were more positive than those at other IRCs about receiving a wide range of key information in a language they could understand soon after their arrival. A welcoming new first night and induction centre helped to settle women before they moved to the main units, and a checklist helped to ensure that all women received a comprehensive and timely induction. We observed good efforts from

induction staff to use translation tablets (see paragraph 4.18), but this was often undermined by a weak signal.

3.4 More detainees felt safe on their first night (77%) than at other IRCs (56%). However, routine hourly overnight welfare checks were excessive and not based on a reasonable assessment of risks. The checks involved opening the detainee's door to observe them while asleep and were sometimes conducted by male staff (see paragraph 3.23). Senior leaders were unaware that so many checks were being done and told us that they would reduce them to a reasonable level.



Induction unit

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

3.5 Processes to make the centre aware of all women assessed to be at risk were much improved. There was good review and sharing of information on women's welfare in the well-attended weekly adults at risk meeting.

3.6 While overnight arrivals did not facilitate disclosure of vulnerability on arrival, health care and welfare staff did a good job of identifying concerns in the days after arrival (see paragraph 6.2). DET inductions were timely, and we saw evidence of DET staff identifying and acting upon vulnerabilities (see paragraph 3.49).

3.7 We found 17 women (23%) had been assessed as level 2 adults at risk in detention (see Glossary). None were assessed at level 3, although we met one woman who clearly should have been: she was suffering from psychosis and acute mania, lacked mental capacity and was awaiting a Mental Health Act transfer to hospital. We found other recent cases of women whose risk levels had not been raised appropriately, including a woman with acute mental illness, two who were pregnant, and one with suicidal ideation.

3.8 In a number of cases in our sample, the Home Office did not identify, explore or take sufficient account of vulnerability in making its initial decision to detain. In one case, a woman was detained on the basis that she had no known medical conditions or vulnerabilities, despite presenting with acute symptoms of mental illness while still in prison and being treated with anti-psychotic medication. Within a week of her detention, she was segregated for her own protection and that of others before being transferred to hospital under the Mental Health Act. She spent a total of six weeks in the segregation unit.

3.9 Some women in our sample were detained despite a history of sexual exploitation. In one case, a woman wrote to the Home Office while in prison disclosing a history of physical and mental abuse by her partner and being forced into prostitution. No national referral mechanism (NRM, see Glossary) referral was made and the woman was detained at the end of her sentence on the basis that she had 'no known vulnerabilities'. The DET quickly identified that she may have been a victim of modern slavery and made an NRM referral, which led the Home Office to conclude that there were reasonable grounds to accept that she was a victim of modern slavery.

3.10 In another case, a detainee previously accepted by the Home Office as having been a victim of modern slavery (known as a 'conclusive grounds' decision), was encountered by police in a suspected brothel. The police informed the Home Office that they were making an NRM referral. Despite this, and the detainee's history of abuse, she was detained on the basis that there were no obstacles to her quick removal from the UK.

3.11 NRM decision-making teams used an electronic case record system that other Home Office teams could not access. As a result, in some instances, casework teams responsible for deciding on detention had little knowledge of women's trafficking claims and therefore insufficient information on which to make decisions about detention. We were informed during the inspection that the Home Office was going to review its information sharing practice in modern slavery cases.

3.12 In the previous six months, 79 Rule 35 (see Glossary) reports had been submitted, 23% of which resulted in the release of a detainee, compared to 52% at the last inspection. Rule 35 reports were not always submitted promptly and when necessary. For example, in one case in our sample, no report had been submitted despite it being requested three weeks previously.

3.13 Most (69) reports related to torture and four to health concerns. There were six reports about suicide risk, which is more than we usually see but still did not reflect the number that should have been made. For example, in one case, no report was submitted despite the centre's concerns being so high that a woman was kept on constant watch for 15 days.

3.14 The quality of Rule 35 reports was worse than we usually see. For example, some particularly traumatic incidents were described with none of the detail required in the reporting process and comment on the impact of further detention was generally weak. Home Office Rule 35 responses were timely. In most cases, it accepted that mistreatment met the definition of torture but maintained detention. In three cases, the Home Office did not assess the report because the detainee had been released, although an assessment could have informed any future decision to detain.

3.15 In the 12 months before the inspection 10 pregnant women had been detained, eight women were bailed within 24 hours of pregnancy being confirmed, and two women were held for over 72 hours, with ministerial authority.

3.16 In two cases, women were detained despite informing immigration staff that they thought they were pregnant. In the first case, officials in a reporting centre believed the woman was lying to prevent further detention. She was driven to Derwentside IRC, arriving after midnight and her pregnancy was confirmed at about 2am. In the second case, the woman was detained overnight in a police cell and for much of the next day. She left at 9pm on an escort to Manchester Residential STHF, arriving shortly before 1am. She remained there for 32 hours before being taken to Derwentside IRC, where her pregnancy was confirmed.

3.17 Unit staff lacked mental health awareness training and guidance on how best to manage a small number of particularly challenging and vulnerable women. In our initial casework sample of 12 cases, six women described a history of gender-related violence and not enough was done to identify such women to staff. Unit staff were not trained in trauma-informed practice.

3.18 The centre had opened 48 vulnerable adult care plans (VACPs) in the previous six months to oversee the care of vulnerable detainees. Care maps and reviews were insufficiently focused on detainees' specific vulnerabilities.

3.19 In our staff survey, nearly everyone was aware of the whistleblowing policy and only a small number said they would not raise concerns if they had them. In addition, six members of staff said they had witnessed colleagues behaving inappropriately to detainees. No comments suggested physical mistreatment. There was evidence of action on unprofessional conduct, with eight staff being dismissed in the previous year.

Self-harm and suicide prevention

3.20 In the previous six months, there had been 38 incidents of self-harm by 14 women, and the centre had opened 86 ACDTs (see Glossary). None of the self-harm was classed as serious and there had been no near misses.

3.21 In our survey, far fewer respondents than at other centres said they had ever felt suicidal in the centre (19% compared to 37%); and 76% of those who had felt suicidal said they were receiving help from staff, which is much higher than we see at other IRCs (36%). The women we spoke to who were on an ACDT praised the support they were receiving from staff across the centre. The reviews we looked at were multidisciplinary and identified actions were implemented when we checked, although ACDT paperwork did not always reflect the work being done.

3.22 Officers on the units had good knowledge of detainees who were on ACDTs but meaningful conversations did not always take place, especially for those women who spoke little English.

3.23 There were not enough female officers working on the units, which meant that male officers inappropriately completed overnight ACDT checks. As with first night checks, these involved opening a woman's door throughout the night and were sometimes conducted by men (see paragraph 3.4). In one case, a woman had said that men were a trigger for her suicidal thoughts but she was assessed and checked on by male officers and was allocated a male key worker.

3.24 Derwentside had recently introduced the Alert, Intervene and Monitor (AIM) tool, which is well established in prisons to help predict and prevent suicide and self-harm. The tool used data from regular surveys about how detainees were feeling, alongside factors such as age and history of self-harm, to inform a traffic light system. This was then discussed at the daily briefing for staff. While promising, staff on the units were not yet fully using the tool during their day-to-day interactions with vulnerable detainees and it was too soon to see any impact on outcomes. There was also little evidence of the centre using self-harm data and other surveys to drive improvements (see paragraphs 4.9 and 6.19).

3.25 Constant watch for women at the highest risk of self-harm had been used 11 times in the previous six months and was generally managed well. The cases we looked at showed leaders, health care and the Home Office were all involved in reviews and considered whether constant watch was justified and proportionate. They also checked that supervision was only undertaken by female officers, which was routinely the case.

3.26 We found one example of a detainee who had been on constant watch for 15 days without a Rule 35(2) report being requested (see paragraph 3.13). We were unable to review the paperwork in this case because

the detainee had left the centre and the on-site Home Office compliance team had not reviewed the decision making at the time.

Safeguarding children

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

- 3.27 No detainee had claimed to be a child in the previous 12 months. There was a child safeguarding policy in place with guidance on how to safeguard such detainees. It stated that if staff disagreed with an age assessment they should inform the Home Office, but only where they believed a detainee was clearly under the age of 18. The policy did not make clear that detainees should be advised that, if they themselves disagreed with the Home Office assessment, they could refer their cases to the local authority.
- 3.28 There were appropriate arrangements in place to safeguard children attending detainee 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.

- 3.29 The great majority of women felt safe in the centre. In our survey, only 20% of respondents said they currently felt unsafe, compared with 37% in other IRCs. There was very little violence. In the last six months there had been one assault on staff and one on a detainee, neither of them serious. Both figures were proportionately lower than in 2024.
- 3.30 There was a strong will among most staff and leaders to make the treatment and conditions suitable and safe for women. However, there were still contexts where male staff were asked to fulfil duties which should have been undertaken by female colleagues (see paragraphs 3.4 and 3.23).
- 3.31 The process for addressing the relatively rare occasions of poor behaviour was better organised than at the previous inspection. At the time of inspection, monitoring and support forms for 'tackling antisocial behaviour' (TAB) had been opened 14 times in 2025, and this was considerably fewer than in 2024. Women on a TAB form were monitored well, and each individual situation was reviewed at the weekly adults at risk meetings (see paragraph 3.5). There was scope for more work to help the few women involved to explore the tensions and issues that lay beneath poor behaviours.

3.32 Exit surveys showed that a small number of women had concerns about staff and detainee behaviour. This feedback was discussed at the weekly consultative meetings, but it was not clear whether any actions had been discussed or taken in response to matters that those leaving the centre had raised.

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 There was very good freedom of movement. Women had access to all areas for 14 hours a day and were never locked in their room. Many spent time mixing in the activities area and the outdoor areas, and there was a much more open and informal atmosphere than in most IRCs.

3.34 The amount of security information received had increased, with a good daily flow of reports from staff. The security team had also been strengthened so that all intelligence was being promptly collated and properly analysed, with assurance that required actions were being taken in response.

3.35 There was no evidence of the ingress of drugs or alcohol. There was no routine searching of women, other than on arrival at the centre. Occasional searches took place on the basis of specific intelligence. Regular, but unpredictable, searching of staff was proving useful in ensuring that standards of security did not slip. Given the low risk and virtually no finds, the daily bedroom checks were thorough to the point of intrusiveness; they were more thorough than those practised in almost any other custodial environment.

3.36 All women escorted to hospital in 2025 had been handcuffed, without adequate justification. We were told that this was in line with restrictive Home Office guidance which in practice allowed almost no exceptions. At the previous inspection we had found that no detainee had been escorted to hospital in handcuffs in the preceding six months, and there had been no adverse outcomes.

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.

3.37 The standards and scrutiny of use of force had improved markedly. Force had been used 20 times in the last six months, lower than the

rate in 2024, and on almost every occasion it involved no more than guiding someone by taking their arm.

- 3.38 In all the incident footage that was reviewed during the inspection, staff remained calm and communication was effective in de-escalating tensions. There was now good use of body-worn cameras, which were worn by all frontline staff and switched on at the right time.
- 3.39 Records and footage were promptly checked by senior managers and the Home Office team. Lessons learned were identified and on one occasion, where there had not been harmful or risky use of force, had resulted in delivery of training to all staff in order to improve practice further.
- 3.40 Removal from association had been used five times in the last six months, three of these uses for the same very distressed and non-compliant woman on consecutive days. The length of stays in the separation unit was short, averaging around 12 hours. Home Office oversight and well-attended multi-disciplinary meetings had improved the governance and recording of separation, and it was no longer being used punitively.

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.

- 3.41 The average cumulative length of detention was 25 days, which was low compared with other IRCs. The longest detention was for 162 days, which was too long but, again, was much shorter than we have seen in other centres.
- 3.42 A theme of our interviews with women was frustration with delays in case progression. Several women told us they did not understand why they had been detained for several weeks when they wanted to leave the UK and were cooperating fully with the removal process. We spoke to two women who were very frustrated at still being held more than three months after they had informed the Home Office they wanted to return home.
- 3.43 In our casework sample, cases had become unreasonably prolonged for a variety of reasons, including poor case progression and a lack of travel documentation. In one case, it had so far taken over three months for the Home Office to make a deportation decision. In another case, there was a delay of two-and-a-half months when the Home Office did not take a detainee to a court hearing, which then had to be adjourned. In one clear case of unlawful detention, a woman was detained despite officials in the detention gatekeeping team refusing to authorise detention. She was held for four days before being released homeless.

3.44 Too many monthly case progression action plans included actions for caseworkers to monitor the progress of the work of other Home Office teams, rather than setting time limits for tasks to be completed. It was not clear from these reviews where ultimate responsibility lay for driving progression. In some cases, we saw insufficient contingency planning for release.

3.45 Women had good access to legal advice. In our survey, 72% of respondents said they had a lawyer and 82% said it was easy to contact them. There were two legal aid surgeries each week offering 20 appointments in total, which was sufficient for the demand. Some legal resources held in the library were out of date.

3.46 Only 40% of respondents to our survey said they could understand written English very or quite well, but the Home Office did not translate legal documentation about women's cases. In our interviews, detainees said that this made it difficult for them to understand their situation.

3.47 The work of the DET had improved since the last inspection and was impressive. All DET engagements were now face-to-face, contact was carefully monitored, and all detainees had met with the DET within the previous 14 days, which was good. In our survey, 59% of women said Home Office immigration staff were keeping them informed about the progress of their case, compared with 39% in other centres.

3.48 There were two drop-in DET surgeries a week and women could also book a face-to-face interview using the unit kiosk system. DET staff had good access to the electronic case records of women attending surgeries.

3.49 DET staff now attended all ACDT reviews. They did not attend VACP reviews, but they did review the cases of all women on such a plan at the weekly adults at risk meeting. It was positive to see DET managers escalating concerns about slow case progression and detainee vulnerability.

3.50 All DET staff had completed certificated trauma-informed practice training, equipping them with enhanced skills to aid effective and empathetic communication, which supported relationship building with residents.

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 We observed many positive interactions between staff and detainees across the centre. In our survey, 81% of women said staff treated them with respect always or most of the time and 93% said they had a member of staff they could turn to if they had a problem.
- 4.2 The key worker scheme, which was new at the time of the last inspection, was now working reasonably well and helping to address low-level problems. Women received two key work sessions per week, although inconsistent staffing meant they rarely saw the same person. Information gathered from individual welfare assessments and the AIM tool (see paragraph 3.24), was not yet being consistently used to tailor these sessions.
- 4.3 The centre had some paid activity roles for buddies but struggled to fill them and, at the time of the inspection, there were no peer workers.
- 4.4 Since the previous inspection, a PDC action plan had been developed as part of a useful wider project to improve outcomes across a range of priority areas (see paragraph 2.5). PDC data showed improvements in the centre's climate since the previous year and resident focus was identified as the most positive area of work.

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

- 4.5 Living conditions were very good and, in our survey, women were overwhelming positive about many aspects of daily life, with 88% stating the communal areas were quite clean compared to 69% at other

IRCs. Staff and detainees we spoke to took pride in keeping living areas clean and tidy.

4.6 There had been good efforts to soften the environment, and it was less prison-like than we usually see. There was a large, well-maintained outside area with some benches, exercise equipment and flower beds, and plenty of green space, which detainees could access at any time between 7am and 10pm.



Communal living area (left) and outside area

4.7 Rooms were spacious, clean and well equipped, with private bathrooms. Most women had their own rooms but could no longer lock them as lost keys had not been replaced.



Single room (left) and double room

4.8 Each unit had two industrial washer-driers where women could wash their own clothes and sheets and there was a good supply of clean bedding. However, some detainees did not have well-fitting clothing as the supplies were mainly unisex joggers and sweat tops. Many women told us they did not have enough underwear. On arrival, they were only issued with one pair of knickers and a bra. If they needed more, they had to make a request to a local charity and new supplies could take a couple of days to arrive. During the inspection, leaders told us that they were increasing the initial allocation to five pairs of knickers.

Detainee consultation, applications and redress

4.9 Detainees had numerous opportunities to provide their views on life at Derwentside through surveys and consultation meetings. Attendance at the weekly resident consultative committee meeting had improved and

we saw examples of the centre using feedback to make changes. However, actions were not routinely tracked and we could not be assured that all appropriate issues had been considered and acted upon. There had been little analysis or use of the results of detainee exit and other surveys to identify issues and drive forward improvements (see paragraphs 3.24 and 6.19).

- 4.10 In our survey, 81% of respondents said they knew how to make a complaint which was higher than other IRCs (51%). There had been 32 complaints in the previous six months, most of them about staff; eight complaints had been partially substantiated and the rest were not substantiated.
- 4.11 Although complaint investigations were thorough, we saw examples of complaints being only partially substantiated despite fault clearly being identified and accepted. Responses were polite but not translated and usually not even received by the women. While investigations were completed within the Home Office target time of 20 days, this was too slow given that most women left the centre within a few weeks. In light of the relatively low number of complaints and good staffing levels in the centre, more could have been done to mitigate this problem.

Residential services

- 4.12 In our interviews, food was the most common complaint amongst detainees and in our survey only 36% of women said they had enough to eat compared to 54% at other IRCs. Meals met dietary requirements but much of the food we tasted was bland and unappetising. We observed large variations in portion size and there was not enough guidance from the kitchen for unit staff and servery workers to ensure consistency and fairness.



Bland and unappetising food

- 4.13 Detainees were regularly consulted about food at the weekly resident consultative committee and through food comment books. However, the menu on the kiosk was only in English, which made it difficult for detainees to understand what food they were ordering. This sometimes led to confusion at mealtimes. Paper copies of translated menus on the units were difficult to find and not always up to date.
- 4.14 Women were very positive about the introduction of the cultural kitchen, where they could cook their own food and take it back to the units.

Some self-catering facilities, such as microwaves and toasters, were also available on the units. There was potential for this to be expanded further to give detainees more autonomy over the food they ate.



Cultural kitchen (left) and self-catering facilities on induction unit

4.15 Detainees had good access to a shop where they could purchase a reasonable range of snacks and drinks. The number of fresh items, such as fruit and vegetables, was limited. Frozen ready meals were being introduced.



The shop

Fair treatment and inclusion

Expected outcomes: There is a clear approach to promoting equality and diversity, underpinned by processes to identify and address any inequality or discrimination. Distinct needs arising from detainees' protected characteristics are recognised and addressed.

4.16 Strategy documents were now in place for diversity and inclusion and the monthly meetings were well attended, but there was not yet much positive activity to encourage and draw together different groups in their own forums. A recently appointed manager had begun to infuse new energy into the equalities work, and there were very good displays around the whole site. The diversity of the population was well celebrated through festivals and special times of the year, and plans were in hand to take a more prominent and comprehensive approach to diversity in 2026.

4.17 LGBT+ detainees were offered support on an individual basis, but there was no specific attention to younger or older women, nor was there systematic identification of, and support for, those with disabilities, although some aids were available.

4.18 Telephone interpretation was used to a reasonable extent, averaging 160 uses a month over the previous six months, in addition to frequent use by health care staff. Together, staff spoke 20 languages. Interpretation was used in key settings where confidentiality was important, such as ACDT reviews and health care consultations. Digital translation tablets were used quite well; their use could be tracked and averaged three to four hours a day. There were still gaps in usage and there was important information which some women did not receive in their own language, such as induction material and menus (see paragraph 4.13).

Faith and religion

4.19 The united team of religious affairs staff and volunteers continued to make an exceptional contribution to the well-being of women. They were visible and engaging women across the centre, with a strong emphasis on diversity and mutual respect. Festivals were celebrated inclusively and imaginatively, with a recent Eid celebration, for example, open to all women and staff.

4.20 The team supplied worship resources in different languages, clothing items suited to specific religious preferences, and laid on activities such as crafts, music, self-care and competitions. While providing worship and learning for the main faiths represented in the centre, they also took a broad and very constructive approach to spiritual support by creating safe spaces such as 'circle time' and one-to one 'hope sessions'.

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.

4.21 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.

Governance arrangements

4.22 NHS England (NHSE) had commissioned Practice Plus Group Health & Rehabilitation Services Limited (PPG) to provide health care services

since October 2023, and the dental provider was Hyder Dental Group. NHSE monitored the contract through regular meetings and visits.

- 4.23 Regular strategic and local governance meetings provided effective scrutiny with a focus on pertinent issues to improve the service. Meetings were well attended by Serco, NHSE, Home Office and Independent Monitoring Board representatives. Health staff attended key centre meetings and there were positive working relationships between all key stakeholders.
- 4.24 The service was a 24-hour provision and, due to the frequency of women arriving during the night, NHSE had agreed to increase the number of registered nurses from one to two.
- 4.25 In our survey, 85% of respondents reported that the quality of health care was good, compared to 59% in other IRCs, and detainees we spoke to were mostly very positive about the care they received.
- 4.26 The head of health care provided robust clinical leadership, and the proactive approach to staff welfare and professional development had paid dividends with a committed, stable and skilled staff group providing a very good standard of care. Compliance with mandatory training was good and staff had received relevant training including a session regarding female genital mutilation.
- 4.27 Staff were focused on safeguarding issues and had made several referrals including identification of domestic abuse. Staff sent updated risk information (referred to as a 'part C') to the Home Office to indicate a change in circumstances, including identification of pregnancy and deterioration of health. GPs submitted Rule 35 reports and had completed more Rule 35(2) reports relating to suicidal intentions than at other IRCs, which was positive but still did not fully reflect need. There were some weaknesses in the sampled reports (see paragraphs 3.12 and 3.14).
- 4.28 Clinical and managerial supervision were held regularly and staff felt valued. We observed compassionate interactions between staff and patients. There was good use of telephone interpretation and a wealth of health information readily available in several languages.
- 4.29 There was a good reporting culture. Clinical adverse incidents were investigated thoroughly and lessons were learned, and trends were shared with staff. Results from regular audits, patient feedback and attendance at the centre's weekly consultative forum were driving service improvements.
- 4.30 Daily handovers and regular multidisciplinary complex case reviews were well attended by representatives of all health teams and provided a good forum for optimising patient care and sharing any service updates.

4.31 All services used SystmOne, the electronic medical record, and record-keeping was generally of a good standard with regular audits identifying any issues.

4.32 The health centre was bright and welcoming. The non-attendance rate for health care appointments was low with detainees having open access to the health care centre most of the day. Anybody who did not attend was called to remind them of their appointment.

4.33 Clinical equipment was well maintained. Infection control standards were good with centre staff carrying out daily cleaning. Health care staff carried out additional cleaning to ensure surfaces and furniture remained clean.

4.34 The service addressed detainees' health concerns, complaints and compliments effectively. The head of health care and the patient engagement lead held weekly drop-in sessions on the units and women were seen promptly at other times to try to resolve any issues swiftly, and these were logged to identify any trends. There had been few formal complaints and managers had responded appropriately. Many compliments had been received, and these were passed on to the staff member and displayed in the health care centre.

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

4.36 The delivery of health promotion information and events was impressive and driven by the enthusiastic patient engagement lead. Relevant information displays were located across the centre and provided in several languages. Events were in line with national campaigns including areas such as menopause awareness and mental health.

4.37 Staff provided detainees with information and advice on how to carry out self-checks and when to speak to a clinician. There were good links with local infectious disease services, and a sexual health nurse visited the centre regularly. Health care staff also led a weekly class in the gym to encourage living well (see paragraph 5.16).

Primary care and inpatient services

4.38 Primary care services were responsive to patient needs and delivered by a dedicated and caring team. An initial health screen was carried out by a nurse to identify health needs, including for those arriving during the night. Referrals were made to relevant services and any immediate concerns addressed.

4.39 All detainees were offered a GP appointment within 24 hours of arrival, as stipulated in IRC Rule 34 (see Glossary). The uptake of these appointments was low. However, this was mitigated by the thorough secondary reception screening completed a few days after arrival which captured additional health needs and potential vulnerabilities.

4.40 There were short waits for a routine GP appointment; around three days at the time of the inspection. Urgent need was responded to quickly. The wait for a Rule 35 appointment was six days during the inspection, which was reasonable, although this fluctuated. Female-specific health screening was also offered and staff worked hard to provide education to overcome any barriers to testing. There were established links with community services when any treatment was required.

4.41 Appropriate care was provided to the small number of detainees with long-term conditions. Care plans were in place, where required, and detainees were offered appointments to review their condition and any ongoing treatment.

4.42 Referrals were made to hospital departments when needed, with the centre providing escorts, and this was overseen by administrative staff. Most detainees left the centre before the date of their appointment. Emergency escorts were also facilitated by the centre.

4.43 Vaccination against various diseases such as flu and Hepatitis A and B were offered, although uptake was quite low due to some scepticism about the benefits. Staff offered information about vaccines and tried to encourage greater uptake.

4.44 There was a weekly walk-in clinic which did not require an appointment. Nurses also provided regular general clinics for various issues such as minor ailments and wound care, with minimal waiting times.

4.45 Allied health professional clinics, such as podiatry and optometry, were available with short waiting times and low waiting lists.

4.46 Before leaving the centre, all detainees were seen by a nurse and staff made considerable efforts to ensure that any ongoing care was transferred appropriately. Advice was offered to support detainees in registering with a GP and a supply of prescribed medicines was given.

Mental health

4.47 The mental health team provided a responsive service and, in our survey, 83% of women compared to 34% at other IRCs said they had been helped with their mental health problems.

4.48 Referrals to the mental health team came from a variety of sources including reception screening, self-referral and from detention custody officers. Referrals were triaged daily and prioritised on clinical need. Urgent referrals were seen within 48 hours and routine referral within five days. Women were often seen well within these timeframes.

4.49 The team provided triage, full mental health assessments and signposted cases to relevant teams according to the needs identified. They also held a small caseload of patients, and they liaised with their community mental health teams. They participated in multidisciplinary

team meetings, including ACDT reviews and the centre's weekly adults at risk meeting.

- 4.50 The mental health team comprised mental health nurses, a social worker and a recovery worker who worked across teams, and a psychiatrist visited every two weeks or more frequently if needed. All referrals to the psychology team came via the mental health team. They were co-located and worked closely with the psychological therapist and assistant psychologist. Firm plans were in place to cover the part-time vacant psychology post. There was a good range of psychological interventions to support emotional regulation and help build resilience, both necessary skills to help patients with their current situation.
- 4.51 The team provided a drop-in session twice weekly on the units which was well received and covered things such as relaxation and sleep issues. There was a wealth of written materials on mental health in several languages.
- 4.52 The new mental health clinical lead was reviewing mental health training for detention custody officers to enable them to support individual women with complex psychological needs.
- 4.53 During the last year, three patients had needed treatment under the Mental Health Act but, despite the efforts of the mental health team, they had waited too long to be transferred to a mental health unit due to difficulties in finding a service willing to provide a bed.
- 4.54 Pre-release work centred on arranging continuity of care with community mental health teams in the UK. The team researched the support agencies that might be available in other countries, so that patients being removed could be signposted to services in the destination country.

Substance misuse treatment

- 4.55 The demand for substance misuse services remained low and there was no known use of any illicit substances within the centre. Detainees with substance use problems were referred promptly on arrival to the clinical substance misuse team who provided good support.
- 4.56 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. At the time of the inspection, there were only two women receiving opiate substitution treatment. They received individualised psychosocial support from the recovery worker, and the SMS (Substance misuse services) lead.
- 4.57 No detainee withdrawing from alcohol had been admitted to the centre, but this could be facilitated if clinically safe to do so or returning from hospital following initial treatment.

4.58 If released into the community, detainees were linked into support services and training and provision of Naloxone (a drug to reverse the effects of an opiate overdose) and harm minimisation information was provided. The team worked hard to provide information about the country the detainee was being removed to and occasionally had been able to link with a specific service to ensure continuity of care.

Medicines optimisation and pharmacy services

4.59 Medicines were delivered to the centre by SigCare, an external pharmacy provider. Orders were delivered the next day during the week, providing that they were placed before the cut-off time. There were no deliveries at the weekend, although a member of staff could take a prescription to a local pharmacy for anything deemed urgent.

4.60 There was a suitable range of medicines available in the pharmacy emergency cupboard which meant detainees could access critical medicines quickly, even out of hours. There was also a range of patient group directions which allowed nurses and pharmacy technicians to give some medicines without the need for a prescription. Detainees could ask for homely remedies (over-the-counter medications that can be administered for minor ailments without a prescription).

4.61 Medicines reconciliation was carried out within 72 hours, and a medicines in-possession risk assessment was completed during the reception screening. Around half of the detainees on medication had them in-possession at the time of the inspection. In some cases, staff had prescribed medicines to be given not in-possession contrary to their risk assessment which was not clearly documented in the patient record.

4.62 The pharmacy room was spacious and clean, with pharmacy staff keeping work surfaces tidy. Stock was well organised and securely stored. Medicines were administered from a single hatch in the health care centre four times a day, and this was led by a pharmacy technician with support from a nurse.

4.63 Medicines administration observed during the inspection was carried out safely and professionally. Detention officers were present in health care and able to deal with any issues that may arise. Staff responded to queries detainees had and showed a willingness to listen and offer help. While medicines information was provided in English, pharmacy staff could arrange for a telephone interpreter to explain information in other languages if necessary.

Oral health

4.64 Hyder Dental delivered NHS treatments for detainees with minimal waiting times for routine appointments. Urgent need was responded to flexibly with staff able to visit the site outside of normal clinic times if required. Staff had received relevant training and professional development and felt well supported.

4.65 All detainees were offered an appointment upon arrival at the centre and treatment could be commenced quickly. Given the short time that most detainees spent at the centre, the dental team aimed to provide additional required treatment where appropriate.

4.66 Oral health advice was provided during appointments and the dental team were involved in centre-wide health promotion. Telephone interpreter services were used when required. Detainees could attend at any time during the clinic and, if they did not attend, were called as a reminder.

4.67 The dental suite was spacious, clean and well maintained, with equipment servicing carried out regularly. There was a separate decontamination room with a dirty-to-clean flow to enable good infection control practice. Audits were carried out regularly, in addition to capturing patient feedback, to identify any potential areas for improvement.

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 The centre provided a sufficient number of activity places for the population. In our interviews, activities were the most commonly mentioned key positive aspects of the centre.
- 5.2 The variety of activities was well-suited to the needs of the women. The range had been expanded since the previous inspection and now included a cultural kitchen, hairdressing salon and games room. The activities timetable was translated into seven of the most common languages spoken by the women.
- 5.3 Activities were available every day, including in the evenings and at weekends. Only a few activities needed to be booked, such as the cultural kitchen and the hairdressing salon. The remainder operated on a drop-in basis allowing women to access provision, such as English, mathematics and arts and crafts, at times convenient to them. This approach was particularly effective given that many women were only at the centre for a short time and meant they could avoid clashes with other scheduled appointments such as health care.
- 5.4 There were many opportunities for the women to meet, socialise and learn together, which contributed positively to their well-being. For example, the art workshop provided a range of craft activities that the women found therapeutic. The library was an excellent resource where the women could seek help from staff, use the internet, browse the stock of books, CDs and DVDs and participate in a range of activities often linked to national and international themed days.
- 5.5 In the living areas, resources such as a pool table, colouring pens and paper, and board games were provided for recreational activities. However, there was a lack of planned activities on the accommodation units in the evening. Few staff interacted with the women to play board games or take part in other activities to support their well-being.
- 5.6 When weather permitted, women could make use of the well-maintained grounds to sit, socialise or participate in outdoor exercise activities, and we saw many taking advantage of this.

Education and work

- 5.7 Women could develop skills in English, mathematics and arts and crafts. Computers in a dedicated computer room and the library were frequently used by the women to email, research their immigration case, read newspapers or watch films in their own language. A range

of online courses, offered in over 100 different languages, had recently been introduced, but only a few women had accessed these.

- 5.8 Women could drop in to English and mathematics sessions at any time, often for short periods of study. Staff were skilled in engaging the women. However, they did not always establish their starting points sufficiently well and learning materials were sometimes too difficult for the women to understand, particularly in English.
- 5.9 The English teacher made use of easy reading books from the Shannon Trust (a charity that supports people in prison to learn to read) to support those who had limited reading skills in English, but further development was needed to implement the scheme successfully.
- 5.10 There were sufficient jobs for the population and applications were reviewed swiftly. There were no waiting lists and a number of vacancies. Working hours were systematically recorded and the women could do more than one work role to increase their hours up to a maximum of 30 hours a week.
- 5.11 Job descriptions were clearly defined for each role and activities staff explained these verbally to the women. However, little practical training was provided. Cleaners were not shown how to use equipment and materials, or what specific areas they were required to clean. Not all servery workers had completed food hygiene training. With the exception of servery work, women could choose what time they worked, and most were diligent in completing their job activities to a reasonable standard.

Library provision

- 5.12 The busy and welcoming library acted as an excellent social hub. The women felt comfortable using it as a social space, for internet access, to browse book stock and other materials, or to seek help from the librarian or activity staff who were always readily available. Women told us that they greatly appreciated this support.
- 5.13 The librarian, recruited earlier in the year, did not hold a formal qualification but had been coached by an experienced member of staff from another centre. They had conducted a comprehensive stock check to catalogue materials and ensure that stock was refreshed regularly to meet the needs of the population.
- 5.14 Since the previous inspection, the range of texts in foreign languages had increased, along with the overall quality and quantity of books. Stock was refreshed by swapping books with other centres and donations from a local charity. E-readers were available to loan and could be set to the primary language of the woman borrowing it. There were only two English-language newspapers available and the women were encouraged to read newspapers in their own language online. DVDs remained the most popular loans, with very few books being borrowed.

5.15 A range of events, such as World Book Day, Red Nose Day and International Women's Day were well promoted and attended, bringing women together to complete activities, socialise and learn more about diversity and inclusion. Social events, such as quizzes and bingo were popular and also well attended.

Fitness provision

5.16 Women had good access to the gym, which was open seven days a week, although few women used it during the day. The gym provided space for group activities such as badminton, football and volleyball. Cardiovascular and weight training equipment was modern, mostly in good condition and well used. The range of planned fitness activities was very limited and confined to women watching exercise DVDs; they told us they would have valued more aerobic-type group sessions. Positively, health care staff had recently introduced a weekly group exercise session to help improve women's health and well-being. For those women lacking suitable gym clothing, welfare could provide it reasonably quickly on request.

5.17 On arrival at the centre, health care staff assessed each woman's ability to participate safely in exercise. As at the previous inspection, only one member of the activities staff held a personal training qualification. This individual was therefore the only person authorised to conduct gym inductions. As a result, the frequency with which inductions could be carried out was severely restricted, and inductions were typically offered only once a week. This meant that women were regularly using the gym without the necessary induction.

5.18 There was no book available in the gym to record accidents or incidents, or the follow up action taken. This was rectified during inspection.

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.

6.1 Welfare provision was very good. The welfare team had recently expanded and now had 10 trained staff offering both an open access service for 12 hours a day, seven days a week, and daily outreach to residential units. They had a new and spacious office, with a waiting area that provided a calm and welcoming space for women. The latter was used for some private conversations, but most interviews were not sufficiently private.



Welfare office (left) and welfare waiting area

6.2 The welfare team undertook structured assessments with all women on arrival, 48 hours later and on a monthly basis thereafter. They were knowledgeable and provided ad hoc support to women on a range of issues, including tracing family members and resolving outstanding domestic matters. In one case, staff had supported a woman whose child was being adopted to engage with social services. Over the previous six months, the welfare team had had 5,911 contacts with detainees. Records of this work were minimal and did not show the level of work that we saw being done.

6.3 The welfare team had a good working relationship with Friendship Across Borders, which was the only NGO offering a service in the centre. This organisation offered a weekly drop-in session and provided practical and financial support to women. Welfare staff liaised with and signposted women to other support organisations. Work was also

ongoing to build relationships with a local charity to further expand the available provision.

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.

6.4 There was very good availability for visits seven days a week, 12 hours a day, and visitors could stay as long as they wished. However, the uptake of social visits was low, with only 189 visits in the previous six months, and few children had visited the centre. Only 17% of women in our survey stated they had had a visit from family or friends since they had been in the centre. The centre continued to collect visitors from the local train stations and Friendship Across Borders provided funding to cover visitors' transport costs on request.

6.5 Visits could be booked by visitors or detainees, including in their own language, via the electronic kiosks. The visits team proactively contacted all visitors by telephone to confirm their visit, provide useful information and offer the opportunity to ask questions. This contributed to a more personal experience.

6.6 The visits room offered a clean, relaxed environment and visits staff were welcoming. Visitors and detainees were offered hot drinks and could order limited food from the centre shop, but this was mainly cold snacks and confectionary, and it was poorly advertised. In our survey, 100% of respondents told us that their visitors were treated with respect by staff.



Visits hall

6.7 Security arrangements, including searching, were proportionate. Visitors could bring in clothing and toiletries for detainees and there

was an appropriate approach to physical contact between detainees and their visitors.

6.8 A good range of data about women's children and personal circumstances was gathered in reception, but this was not then used to identify outstanding concerns, promote contact or explore more creative provision.

Communications

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

6.9 On arrival, all detainees were offered a five-minute telephone call in reception, issued with a mobile phone and given £5 credit. Phone signal continued to be poor in some areas of the centre, which affected women's contact with family, friends, support organisations and legal representatives. Leaders had recently switched the SIM card provider to try and improve the signal and the rollout of a Wi-Fi solution and smartphones to mitigate these issues was expected early in 2026.

6.10 Social video calls were available in separate rooms on each of the three main residential units, for over 12 hours every day. However, in the previous six months, only 26 calls had been made. Staff reported a decline in usage since a switch from Skype to Teams calls, but we saw no evidence that this decline had been explored or addressed.

6.11 There had been a recent policy change, and women were now required to book 24 hours in advance, which delayed contact unnecessarily. One woman told us that these delays had affected her contact with her young child in hospital. We saw another occasion where a woman's video call request was deferred by six hours, despite required checks being completed, simply to comply with the 24-hour timeline.



Video calling room on residential unit

6.12 Leaders had increased the number of computers, and these were now available in the library, IT suite and on each residential unit, where

women had greater privacy. Library staff supported women to set up personal email addresses and there was good access to a printer and scanner in the library with no limit on usage of this.



Library computer area

- 6.13 There continued to be no access to social networking, but women could watch television and listen to music. Other websites, including legal, human rights and refugee support groups, were available, although we found one that was blocked.
- 6.14 Although post boxes were available on all residential units and women were entitled to send one free personal letter per week, the post was not collected daily as advertised. Women had to open all incoming mail in reception in front of staff, which was disproportionate.

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.

- 6.15 In the previous six months, 723 detainees had left Derwentside, of whom 59% had been released into the community and 41% had been transferred to another centre. At the time of our inspection there were no detainees waiting for release after being granted bail and numbers over the last 12 months had been very low.
- 6.16 Release and transfer processes were well organised and included assessments by both health care and welfare teams to review women's needs. All women departing the centre were provided with a packed lunch. In addition, those being released were issued a travel warrant, received an information booklet in their own language, which contained details of support services, and were offered free transport to the train station. Staff were also proactive in printing travel directions for women

and preparing letters they could present to transport staff to request assistance.

- 6.17 The welfare team supported women to apply for voluntary return schemes, although Hibiscus, an organisation which had previously supported women after removal to another country, was no longer available. The detained assisted voluntary returns pilot scheme, under which detainees were incentivised by a financial grant to leave the country voluntarily, was working well, with 44 women having left the country under the scheme in the previous 14 weeks.
- 6.18 In the 12 months before the inspection, five detainees had been released homeless, including a woman who had previously been sectioned under the Mental Health Act. The centre held multidisciplinary meetings on the day of release for each woman, which were helpful for practical matters but gave little consideration to individual risks. In one case, the release meeting did not discuss the specific vulnerabilities of a woman despite a note from the casework team emphasising the importance of a carefully managed release plan, given her offending history and treatment with anti-psychotic medication.
- 6.19 Women leaving the centre were offered the opportunity to complete an exit questionnaire, but the findings were not being effectively used to drive improvements within the centre (see paragraphs 3.24 and 4.9).

Section 7 Progress on concerns from the last inspection

Concerns raised at the last inspection

The following is a summary of the main findings from the last inspection report and a list of all the concerns raised, 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 not sufficiently good against this healthy establishment test.

Priority concerns

Systematic governance, action planning, record keeping and quality assurance were deficient across most areas of operational management.
Detainee safety was an example needing priority action.

Partially addressed

Those at risk of self-harm or suicide did not receive consistent and well-organised care.

Addressed

Use of force was not always carried out professionally, and oversight was lacking.

Addressed

Some vulnerable detainees continued to be detained, despite evidence of a deleterious effect on their health and well-being.

Not addressed

Key concerns

Many women had long journeys and arrived late at night.

Not addressed

Detainees were not kept sufficiently safe by thorough processes to address any evidence of intimidatory behaviour, and to support victims.
Data collection was weak and when investigations into alleged incidents took place, they were inadequate.

Addressed

Separation was not always clearly justified or used for the shortest time possible. It had sometimes been used punitively.

Addressed

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.

Priority concerns

None

Key concerns

There was insufficient focus on the needs of women in detention, in policy and practice. Some staff showed insufficient awareness of women's needs.

Partially addressed

Staff and managers were not always professional in their interactions with detainees. Despite the generally good relationships, there were some disrespectful comments, and some behaviour which showed little understanding of detainees' past traumas and present concerns.

Addressed

Interpreting services were used too little with those who did not know English well. This was especially an issue at key points such as reception and discharge.

Partially addressed

Consultation with detainees, to understand and respond to their needs, was poor.

Partially addressed

Some key facilities were unavailable because of unfinished initial building work.

Addressed

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.

Priority concerns

None

Key concerns

There was not enough for women to do. There was no plan for the development and promotion of the activities provision to meet the needs of an expanding population.

Addressed

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.

Priority concerns

None

Key concerns

The centre was not doing enough to encourage and support family contact. Poor mobile phone reception exacerbated the problem.

Not addressed

Some women waited too long in detention, often because bail accommodation was not available.

Addressed

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 concerns 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 \(justiceinspectorates.gov.uk\)](https://justiceinspectorates.gov.uk)). Section 7 lists the concerns raised at the previous full inspection and our assessment of whether they have been addressed.

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
Alice Oddy	Inspector
Deri Hughes-Roberts	Inspector
Chelsey Pattison	Inspector
Rachel Badman	Inspector
Martin Kettle	Inspector
Fiona Shearlaw	Inspector
Sheila Willis	Inspector
Maureen Jamieson	Lead health and social care inspector
Emma King	Researcher
Emma Crook	Researcher
Pheobe Dobson	Researcher
Joe Simmonds	Researcher
Mathew Tedstone	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.

ACDT

Assessment, care in detention and teamwork – case management for detainees at risk of suicide or self-harm in IRCs.

Adults at risk in detention 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>

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.

National referral mechanism (NRM)

A framework for identifying and referring potential victims of modern slavery and ensuring they receive the appropriate support.

Positive detention culture (PDC) project

Run by an external facilitator, the project aimed to improve the centre's performance and professional culture through staff coaching, consultation with detainees and staff, and the use of data.

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.

Social care package

A level of personal care to address needs identified following a social needs assessment undertaken by the local authority (i.e. assistance with washing, bathing, toileting, activities of daily living etc, but not medical care).

Appendix III 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.

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