

Report on an unannounced inspection of

Campsfield House

Immigration Removal Centre

10 – 21 September 2018

Report on an unannounced inspection of

Campsfield House Immigration Removal Centre

by HM Chief Inspector of Prisons

10–21 September 2018

This inspection was carried out with assistance from colleagues at the General Pharmaceutical Council and in partnership with the following bodies:





Crown copyright 2019

This publication is licensed under the terms of the Open Government Licence v3.0 except where otherwise stated. To view this licence, visit nationalarchives.gov.uk/doc/open-government-licence/version/3 or write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: psi@nationalarchives.gsi.gov.uk.

Where we have identified any third party copyright information you will need to obtain permission from the copyright holders concerned.

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

This publication is available for download at: http://www.justiceinspectorates.gov.uk/hmiprisons/

Printed and published by:
Her Majesty's Inspectorate of Prisons
3rd floor
10 South Colonnade
Canary Wharf
London
E14 4PU
England

Contents

Introduction 5

Fact page 7

About this inspection and report 9

Summary 13

Section 1. Safety 21

Section 2. Respect 31

Section 3. Activities 43

Section 4. Preparation for removal and release 47

Section 5. Summary of recommendations and good practice 53

Section 6. Appendices 59

- Appendix I: Inspection team 59
- Appendix II: Progress on recommendations from the last report 61
- Appendix III: Care Quality Commission Requirement Notice 67
- Appendix IV: Photographs 71
- Appendix V: Detainee population profile 75
- Appendix VI: Summary of detainee interviews 79
- Appendix VII: Summary of staff interviews and survey 81
- Appendix VIII: Summary of detainee survey responses 83

Glossary of terms

We try to make our reports as clear as possible, but if you find terms that you do not know, please see the glossary in our 'Guide for writing inspection reports' on our website at: http://www.justiceinspectorates.gov.uk/hmiprisons/about-our-inspections/

Introduction

Campsfield House is an immigration removal centre for adult men, located in the village of Kidlington, in Oxfordshire. It has been run by Mitie Care and Custody since May 2011. The centre has a capacity of 257 but at the time of the inspection it held 125 detainees. Some weeks after the inspection, and after this report had been prepared, it was announced that Campsfield House was to close. Consequently, this is the last report on the centre.

There was a calm and relaxed atmosphere in the centre and little evidence of violence. Levels of use of force were low and security was proportionate. Support for those at risk of self-harm was good and levels of self-harm were low. However, some safety indicators were worse than at the time of previous inspection and there had been a rise in incidents. While our in-depth interviews suggested that detainees did not feel physically threatened in the centre, about 40% of respondents to our survey told us that they felt unsafe. The reasons for these feelings of insecurity were unclear and needed further investigation by the centre.

Some detainees were held for long periods with limited case progression – one man had been held for one year and five months. Delays in arranging escorted removals had significantly increased detention for several other detainees. In one case, it was hard to fathom why a stroke victim in need of social care had been held in the centre. Despite considerable efforts by centre staff, they could not adequately meet his needs.

There had been a deterioration in the standard of accommodation and many rooms were bare, and had broken or missing furniture and signs of damp. Notwithstanding the low numbers in the centre, many rooms were cramped. Most detainees said that they were treated with respect, but we saw too little positive engagement by staff. In our staff interviews, some staff also raised concerns about disrespectful treatment by a few of their colleagues. Health services were generally good, but the antiquated records system created some risks, and governance was poor.

Activities provision was good. There were good recreational facilities and all detainees could work if they wanted to. There was some good educational provision, but uptake was low and we did not see enough effort to encourage and support detainees to engage in activities.

About 45% of those held in the previous six months had been released into the community after a disruptive period of detention, while about a quarter had been removed. Many detainees were being helped by welfare staff, who provided a valued service. Detainees also benefited from the support of Asylum Welcome, which attended the centre regularly. Visits and access to communications were good.

Overall, this is a positive report, with some areas of good practice. However, it is clear that energy and investment are needed to address some developing concerns and to improve the deteriorating accommodation. While events have moved on since the inspection, the Home Office and Mitie should take steps to ensure that the impending closure does not see a deterioration in the treatment of and conditions for detainees.

Peter Clarke CVO OBE QPM November 2018
HM Chief Inspector of Prisons

Fact page

Task of the establishment
To detain people subject to immigration control.

Certified normal accommodation
257

Operational capacity
257

Notable features from this inspection

In our survey, 80% of detainees said most staff were respectful.

In our survey, 41% of detainees said that they felt unsafe.

The average length of detention at Campsfield House during the inspection was 55 days. A small number of detainees had been held for excessive periods, with the longest detention at one year, five months.

A total of 108 Rule 35 reports had been drawn up in the previous six months, all on the basis of torture.

In our survey, 72% of detainees said that they had enough to do to fill their time at the centre.

During the previous six months, 1,809 detainees had left the centre, 26% of whom had been removed from the UK, 29% transferred to another immigration removal centre and 45% released into the community.

Name of contractor
Mitie Care and Custody

Key providers
Escort provider: Mitie Care and Custody
Health service commissioner and providers: NHS England (commissioner), Care UK Health and Rehabilitation Services Ltd (provider)
Learning and skills providers: In-house

Location
Kidlington, Oxfordshire

Brief history
Originally a young offender institution, the site became an immigration removal centre in 1993. At one time, it held both men and women. Since 1997, it has held only male detainees. The contract to manage Campsfield House on behalf of the Home Office was awarded to Mitie Care and Custody in May 2011.

Short description of residential units
A combination of single, double and multi-occupancy rooms across three accommodation blocks, with communal shower and toilet facilities.

Name of centre manager
Derek Ross

Independent Monitoring Board chair
David Brown

Last inspection
11–21 August 2014

About this inspection and report

A1 Her Majesty's Inspectorate of Prisons is an independent, statutory organisation which reports on the treatment and conditions of those detained in prisons, young offender institutions, immigration detention facilities and police custody.

A2 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.

A3 All Inspectorate of Prisons reports include a summary of an establishment's performance against the model of a healthy establishment. The four tests of a healthy establishment are:

Safety	that detainees are held in safety and with due regard to the insecurity of their position
Respect	that detainees are treated with respect for their human dignity and the circumstances of their detention
Activities	that the centre encourages activities and provides facilities to preserve and promote the mental and physical well-being of detainees
Preparation for removal and release	that detainees are able to maintain contact with family, friends, support groups, legal representatives and advisers, access information about their destination country and be prepared for their release, transfer or removal. Detainees are able to retain or recover their property.

A4 Under each test, we make an assessment of outcomes for detainees and therefore of the establishment's overall performance against the test. 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 against this healthy establishment test.**
  There is no evidence that outcomes for detainees are being adversely affected in any significant areas.

- **outcomes for detainees are reasonably good against this healthy establishment test.**
  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 against this healthy establishment test.**
  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 against this healthy establishment test.** 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.

A5 Although this was a custodial establishment, we were mindful that detainees were not held because they had been charged with a criminal offence and had not been detained through normal judicial processes. 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
- respecting in particular their dignity and the right to individual expression.

A6 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.

A7 Our assessments might result in one of the following:

- **recommendations**: will require significant change and/or new or redirected resources, so are not immediately achievable, and will be reviewed for implementation at future inspections
- **examples of good practice**: impressive practice that not only meets or exceeds our expectations, but could be followed by other similar establishments to achieve positive outcomes for detainees.

A8 Five key sources of evidence are used by inspectors: observation; detainee 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.

A9 Since April 2013, all our inspections have been unannounced, other than in exceptional circumstances. This replaces the previous system of announced and unannounced full main inspections with full or short follow-ups to review progress. All our inspections now follow up recommendations from the last full inspection.

A10 All inspections of immigration removal centres are conducted jointly with Ofsted or Education Scotland, the Care Quality Commission and the General Pharmaceutical Council (GPhC). This joint work ensures expert knowledge is deployed in inspections and avoids multiple inspection visits.

This report

A11 This explanation of our approach is followed by a summary of our inspection findings 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*. The reference numbers at the end of some recommendations indicate that they are repeated, and provide the paragraph location of the previous recommendation in the last report. Section 5 collates all recommendations and examples of good practice arising from the inspection. Appendix II lists the recommendations from the previous inspection, and our assessment of whether they have been achieved.

A12 Details of the inspection team and the detainee population profile can be found in Appendices I and V respectively.

A13 Findings from the survey of detainees and a detailed description of the survey methodology can be found in Appendix VIII of this report. Please note that we only refer to comparisons with other comparable establishments or previous inspections when these are statistically significant. [1]

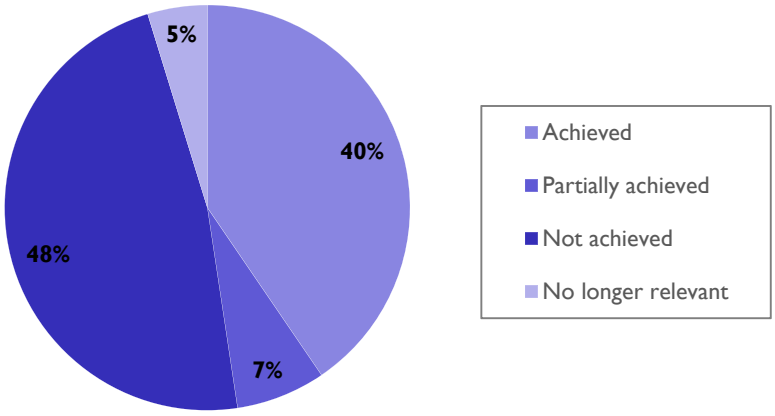
[1] The significance level is set at 0.01, which means that there is only a 1% chance that the difference in results is due to chance.

Summary

S1 We last inspected Campsfield House IRC in 2014 and made 42 recommendations overall. The centre fully accepted 32 of the recommendations and partially accepted six. It rejected four of the recommendations.

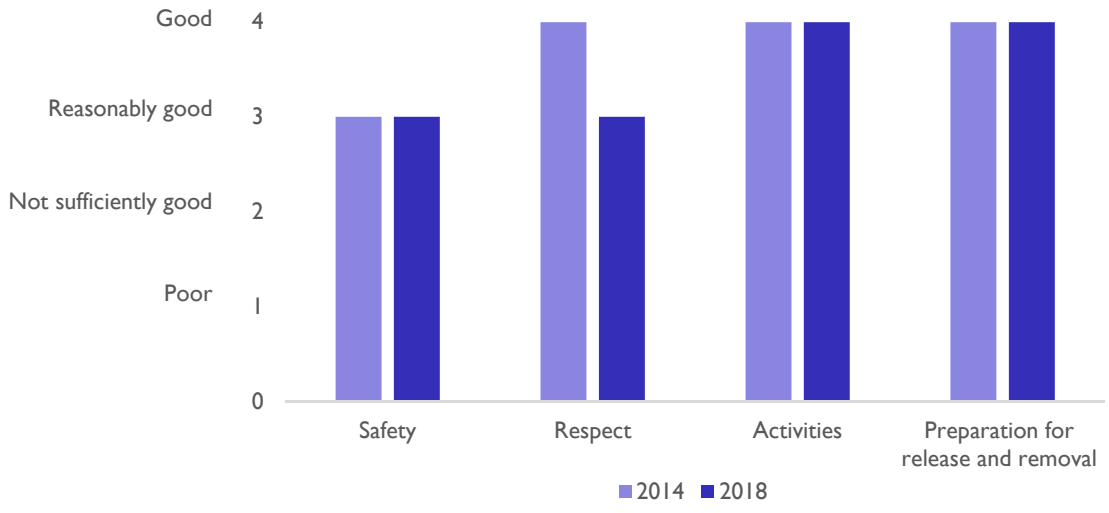
S2 At this follow up inspection we found that the centre had achieved 17 of those recommendations, partially achieved three recommendations and not achieved 20 recommendations. Two recommendations were no longer relevant.

Figure 1: Campsfield House IRC progress on recommendations from last inspection (n=42)



S3 Since our last inspection, outcomes for detainees stayed the same in all healthy establishment areas apart from Respect, which had declined. Outcomes were reasonably good in the Safety and Respect healthy establishment areas. Outcomes were good in the Activities and Preparation for release and removal healthy establishment areas.

Figure 2: Campsfield House IRC healthy establishment outcomes 2014 and 2018[2]



[2] Please note that the criteria assessed under each healthy establishment area were amended in January 2018. Healthy establishment outcomes reflect the expectations in place at the time of each inspection.

Safety

S4 *Escort arrangements were reasonably good. The reception area was small and risk interviews were not always conducted in private. The induction was reasonably informative. Raised awareness reports helped to safeguard vulnerable adults but care planning for detainees with higher-level needs was variable. Rule 35 reports lacked detail. The number of self-harm incidents was low and detainees in crisis received good support. No children had been held in the centre in the previous year. Procedures to deal with the rare violent incidents were sound and detainees were physically safe but the number of violent incidents had increased since the previous inspection. Elements of the incentives scheme remained punitive but detainees were rarely downgraded. Security arrangements were proportionate and detainees enjoyed good free movement. Levels of use of force had increased but the number of incidents was still low. Lessons were not always learned from incidents. The small number of separated detainees received good care but some stayed too long on Rule 42. Most detainees had a lawyer but could not access legal textbooks. The detention of the small number of detainees held for excessive periods had been prolonged by insufficient case progression.*
Outcomes for detainees were reasonably good against this healthy establishment test.

S5 *At the last inspection in 2014 we found that outcomes for detainees in Campsfield House immigration removal centre (IRC) were reasonably good against this healthy establishment test. We made 17 recommendations about safety. At this follow-up inspection we found that nine of the recommendations had been achieved and eight had not been achieved.*

S6 Journeys to the centre were generally not long. Escort vehicles were in acceptable condition and properly equipped. Most detainees were content with their treatment by escort staff and had sufficient information about the centre on arrival. However, professional telephone interpretation was not always used in reception, and there was insufficient privacy for interviews. The reception area was small but the waiting room was suitably equipped. The first night accommodation was bare and shabby. First night checks were regular and recorded. Induction contained the basic information needed for detainees to understand life in the centre, and included an effective audio-visual presentation. 'Buddies' provided a useful tour of the centre.

S7 Mitie Care and Custody staff had poor awareness of whistleblowing procedures and the national referral mechanism. Although staff said that they would report safeguarding concerns to a manager, some did not believe they would be taken seriously. Raised awareness reports (RARs)[3] helped to safeguard vulnerable adults but care planning for detainees with higher-level needs was of variable quality and some did not sufficiently address risks. Poor offsite Home Office planning had led to a man with significant social care needs being detained. Despite good efforts by centre staff, his needs could not be fully met in detention. Almost all Rule 35[4] reports in the previous six months had related to torture. None had related to suicidal ideation, despite detainees being placed on constant observations on 28 occasions. Records suggested that 28% of Rule 35 reports had led to release in the previous six months, more than at other recent inspections. Most of these reports lacked necessary detail. Although most contained reasonably clear judgements on physical signs of torture, the reasoning for these judgements was not always evident. The assessment of psychological trauma was weak.

[3] Raised awareness reports were used for detainees who were considered to be vulnerable, but whose vulnerability was not so serious as to warrant an ACDT, or Vulnerable Adult Care Plan. They required staff to monitor the detainee and make one observation a day in the Centre's case management system.

[4] Rule 35 of the detention centre requires that the Home Office be notified if a centre doctor considers a detainee's health to be injuriously affected by continued detention or the conditions of detention, or if a detainee may have been a victim of torture or has suicidal intentions.

S8 The number of self-harm incidents had risen but was still low. The number of assessment, care in detention and teamwork (ACDT) case management documents opened for detainees at risk of suicide or self-harm was similar to the number at the time of the previous inspection, and the RAR system helped to keep the number down. ACDT procedures were carried out well, with good support for those at risk. There was consistent input to reviews, which were held in private, often involving immigration staff and those from other departments. Care and welfare meetings were helpful but a lack of minutes made it difficult to track actions. Two rooms were set aside as 'crisis suites'; the room on the short-stay unit was not fit for purpose but the other, on one of the residential units, was much better. Constant supervision was used normally for a day or less, and the support and monitoring of those refusing food or fluids were proportionate. Peer support was limited to some good work done by buddies; the Samaritans gave general support.

S9 No children had been held in the previous year. Care planning for the seven age dispute cases since the beginning of 2017 had some weaknesses. There was no named member of staff to lead on safeguarding children. Staff training did not focus on safeguarding children in a detention setting. The security department identified detainees who presented a risk to children, and visits staff were aware of these detainees.

S10 Overall, the centre was physically safe and detainees we spoke to told us that they felt safe; however, in our survey more detainees than at the time of the previous inspection said that they felt unsafe. The reasons for this increase were unclear. The violence reduction strategy was comprehensive and details of reported incidents were monitored at the monthly violence reduction meeting. The number of violent incidents had increased but these were still rare and low level. Such incidents were promptly and thoroughly investigated and the process to support victims and challenge perpetrators was reasonably effective. The incentives scheme allowed some punitive sanctions but few detainees were ever downgraded to the standard level.

S11 Physical security arrangements were mostly appropriate. Detainees could move freely around the centre until 11pm and were not locked in their rooms at night. Room searching was now intelligence led rather than routine. In the previous six months, 58% of detainees attending outside appointments had been handcuffed, more than at the time of the previous inspection, but were authorised following good risk assessments. Security systems were good and overseen by sound governance procedures. Detainees felt safe to complain about staff.

S12 Levels of use of force were higher than at the time of the previous inspection but still relatively low. De-escalation was prioritised, minimal force was used and restraints were removed as soon as practicable. However, lessons were not always learned and disseminated. Separation was rarely used. Rule 40 (removal from association) was used for short periods, and these detainees could access a reasonable regime. Some detainees spent too long on Rule 42 (temporary confinement) without sufficient justification. Records showed good care of separated men. The care and separation unit was clean, with good showers, and a television and games room for those on Rule 40.

S13 In our survey, 81% of detainees said that they had a lawyer, and 61% that they were receiving free legal advice, which was more than at other centres. There was good access to legal resources on the internet, and legal and support group websites were not blocked. However, printed legal information was considerably out of date and there were no legal textbooks available. Home Office induction interviews were mostly good and detainees were systematically advised of their bail rights, but staff sometimes used other detainees to interpret. The average length of detention was 55 days but a few detainees had been held for excessive periods, with evidence of insufficient case progression. It took too long to organise escorted removals and there were delays in providing approved accommodation for

detainees being released on licence. The on-site Home Office contact team was diligent but too many detainees said that it was difficult to see them.

Respect

S14 *Relationships between staff and detainees were reasonably good but staff did not always proactively engage with detainees. Detainee rooms were cramped and many were in poor condition. Consultation with detainees was adequate. Not all complaints were thoroughly investigated but responses were polite. Food was good and ethnically diverse. The cultural kitchen was a positive but underused development. Equality provision was reasonably good and detainees' protected needs were met. Faith provision was good. The quality of health services was generally good but governance was poor.* ***Outcomes for detainees were reasonably good against this healthy establishment test.***

S15 *At the last inspection in 2014 we found that outcomes for detainees in Campsfield House IRC were good against this healthy establishment test. We made 16 recommendations about respect. At this follow-up inspection we found that seven of the recommendations had been achieved and nine had not been achieved.*

S16 In our survey, 80% of detainees said that most staff treated them with respect. The majority of staff were polite but they did not always proactively engage with detainees.

S17 Many rooms were cramped and standards of cleanliness were variable. Many required redecoration and were blighted by damp and peeling paint. Rooms were inadequately furnished, with a lack of tables and chairs. In our survey, 71% of detainees said that it was quiet enough to sleep at night, which was better than at other centres. Many shower and toilet areas had been refurbished and were generally in good condition. Access to clean clothing, cleaning materials and toiletries was good. Laundry facilities were adequate for the current population. There remained a lack of communal areas for detainees on their residential units.

S18 Detainee consultation led to some positive action. Meetings were held regularly but some actions were repeatedly unresolved. Responses to complaints were polite and generally addressed the issues raised. However, complainants were not routinely interviewed and not all complaints were investigated thoroughly. Too many complaint responses were late, and monitoring of the timeliness of responses was weak.

S19 The food provided was good, and more ethnically diverse than we usually see. The dining area was not big enough to accommodate all detainees when the centre was full. The cultural kitchen was a popular development, but underused. The centre shop was easy to access and provided a variety of goods that met the needs of the population.

S20 The equality strategy was comprehensive. Data were not sufficiently analysed to identify the under-representation of specific groups in activities. Discrimination complaints were addressed well. Not all protected characteristics were routinely identified on arrival. The rolling programme of nationality meetings monitored the views of detainees effectively and was reported to the equality meeting. Activities suitable for older detainees were delivered when required. Facilities for detainees with disabilities were limited but emergency evacuation plans were drawn up when required, and care for those identified by health services staff was reasonably good. A dedicated liaison officer supported gay and bisexual detainees and had links with community support organisations, but these services were not promoted sufficiently.

S21 In our survey, 82% of detainees said that their religious beliefs were respected. Both worship facilities and access were good. The chaplaincy was well integrated into the centre and provided good support across a range of functions.

S22 Access to health services was good and detainees were generally positive about the quality of the care they received, although governance was poor. The long overdue transition from using paper records to an electronic system was positive but it was not yet fully embedded. The damp and cluttered storage facility for medical records was unfit for purpose, difficult to access and may have compromised the integrity of the documents. Detainees had access to an appropriate range of primary care services, including short waits to see the GP for routine appointments and for Rule 35 assessments. Professional telephone interpreting services were used regularly for health care consultations, but some detainees interpreted for their peers, which was inappropriate. Detainees had prompt access to mental health nurses for individual support and could see a counsellor or psychiatrist if needed. Demand for clinical substance misuse services remained low, although support was available when required. Detainees received their medication promptly. External pharmacy input had reduced and did not robustly scrutinise the management of medicines. Detainees could only see a dentist for emergency and not routine treatment. Those being released were given a summary of their medical records and at least a week's supply of medication.

Activities

S23 Detainees had good access to activities and paid work, and there were enough activity places for the current population. However, activities were underpromoted and take-up was poor. Detainees could now gain accredited qualifications. Teachers provided good coaching but attendance in education classes was poor. Access to the internet was good. Detainees could borrow a wide range of e-books, in many different languages, but there was no longer a quiet study area. The outdoor sports field and the small fitness suite were underused. ***Outcomes for detainees were good against this healthy establishment test.***

S24 At the last inspection in 2014 we found that outcomes for detainees in Campsfield House IRC were good against this healthy establishment test. We made four recommendations about activities. At this follow-up inspection we found that two had been partially achieved and two were no longer relevant.

S25 In our survey, detainees were positive about access to activities. The number of activity places was sufficient for the current population. Detainees who had completed the courses on offer were able to access open learning programmes via the internet but only one detainee was currently studying in this way. Access to paid work was good. Detainees received details of job vacancies twice a week by text message. A range of additional activities was offered. For example, Oxford University Museums brought exhibits into the centre and guitar lessons were offered. Attendance was low at all activities. During the inspection, there were never more than seven learners attending the two education classes, and this number was often much lower. Not enough was done to promote participation in activities, or to encourage detainees to remain on their courses. The induction to the centre was informative, but did not include individual needs assessments or guidance on the choice of activities.

S26 The provision of education was appropriately focused on English for speakers of other languages, information and communications technology, and art. Since the previous inspection, accredited qualifications had been introduced through the Open College

Network.[5] Since April 2016, 447 certificates had been awarded. The uptake of English for speakers of other languages courses was very low, despite high levels of need, and attendance was poor. Typically, only two to four detainees attended the English and art classes. English skills development was good. Teachers provided good coaching and support to help detainees progress, although individual learning plans were not used. Detainees did not have a clear idea about their course components and were not set targets for completing work.

S27 Detainees with special educational needs were not identified. The art room helped to develop craft skills that could be used in business enterprises after release or return to detainees' communities. Teaching was enthusiastic and supportive, and the quality of work on display was good. Computers were available during the day and evening, and were well used. The barber shop was well equipped and offered training and Open College Network accreditation. All kitchen workers completed a basic food hygiene course, available in appropriate languages, and could take a level 2 food hygiene certificate if they worked for more than a month.

S28 The centre no longer provided a physical library. Books were available on electronic readers, which provided a much greater choice of books, in a larger range of languages, than was previously the case. In addition, a stock of around 300 CDs and DVDs was available to borrow from the centre's shop. However, the centre no longer provided an informal, relaxed environment, or the opportunity to study legal texts. Access to the internet was good.

S29 The sports hall offered a programme of activities such as five-a-side football, cricket and racquet sports. The fitness suite was small and poorly ventilated. The equipment needed to be replaced. Funding had been obtained for new and additional exercise equipment, including outdoor fitness equipment. New detainees were given an induction in the use of the fitness equipment, but this was not systematically recorded. Too few detainees used the fitness facilities or the outside sports field. Health and fitness activities were not promoted sufficiently.

Preparation for removal and release

S30 Welfare services, and access to them, were reasonably good. Visits arrangements were effective. Detainees could communicate with the outside world by email, telephone and fax, but not by social media or video calling. Release planning for those with complex needs was good but not all detainees were systematically seen before leaving the centre to assess their needs. ***Outcomes for detainees were good against this healthy establishment test.***

S31 At the last inspection in 2014 we found that outcomes for detainees in Campsfield House IRC were good against this healthy establishment test. We made five recommendations about activities. At this follow-up inspection we found that one of the recommendations had been achieved, one had been partially achieved and three had not been achieved.

S32 Welfare services were reasonably good and well used. Detainees could easily access the welfare team: in addition to the seven-day drop-in service, they could make confidential one-to-one appointments. Welfare staff saw all detainees during the induction process but not in

[5] The Open College Network is an awarding body which provides customised accreditation, ensuring the training programmes devised by providers meet nationally recognised standards.

private. Welfare interviews covered relevant issues and professional telephone interpreting was used when required.

S33 Visits arrangements were good and the outdoor visits space represented good practice. Detainees and visitors could easily book a visit. Visitors were searched respectfully and restrictions on contact were reasonable. Asylum Welcome attended the centre regularly to support detainees.

S34 Detainees had good access to telephones, and reasonable access to email and the internet, but could not use social media or video calling. There was good access to fax machines, photocopiers and a scanner, with no restrictions on the number of documents that could be printed.

S35 The welfare team could assist detainees with their removal and release but did not systematically and proactively assess all detainee needs before departure. However, the release or removal plans for detainees with complex needs were sound and led to some good outcomes. Detainees received insufficient notice of their transfer, even when the centre was aware of the planned movement several days in advance. Funds were available to help detainees to reach their home destination.

Main concerns and recommendations

S36 Concern: There was no monitoring of Rule 35 reports. We were not satisfied that these reports were submitted when necessary – for example, when a detainee is suspected of having suicidal intentions. Reports contained insufficient detail to inform an assessment of the detainee's vulnerability. The assessment of psychological trauma was weak. In three out of nine cases in our sample, detention was maintained despite evidence of torture being accepted.

Recommendation: The centre should monitor Rule 35 reports, to ensure that they are submitted when necessary. These should contain sufficient detail to inform a proper assessment of the vulnerability of the detainee. Where evidence of torture is accepted, detention should only be maintained in very exceptional circumstances.

S37 Concern: Many bedrooms were in poor condition, with damp and peeling paint prevalent. Cleanliness was variable and there was a lack of tables and chairs, and inadequate storage space for detainees to hang clothes.

Recommendation: Rooms should be redecorated and brought up to a decent standard. Detainees should be encouraged to keep their rooms clean. Rooms should have sufficient chairs, tables and storage space in which to hang clothes.

S38 Concern: Detainees were not routinely seen before their departure from the centre. This had the potential to lead to welfare needs not being identified or addressed promptly.

Recommendation: Detainees' welfare needs should be routinely reviewed and any concerns addressed before their departure from the centre.

Section 1. Safety

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.

1.1 In our survey, fewer detainees than elsewhere said that they had had journey times of over four hours to get to the centre. Comfort breaks were given, and the vans were in reasonable condition and properly equipped. The escort staff we spoke to were well briefed and showed care for the detainees. In our survey, 69% of respondents said that they had been treated well or very well by escort staff, and the new arrivals we spoke to said that they had been well cared for during their journey. Removals were still sometimes delayed because of escort staffing pressures, but this was not a frequent problem.

1.2 In the month of the inspection, no transfers from prisons or other immigration removal centres (IRCs) had taken place during the night, which was an improvement since the previous inspection. All night arrivals had been from police stations or ports, and all those who had left the centre during the night hours were being removed from the UK.

1.3 The reception area was compact, with no private interview room. The waiting room was a comfortable area, with information displayed. In our survey, two-thirds of detainees said that they had received information on arrival about the support available at the centre, against a comparator of 39%, and nearly half said that this was available in translated form. In reception, staff who spoke other languages were used to interpret, and sometimes other detainees were used; this was not appropriate for the confidential sections of the reception interview, involving personal risks and needs. Professional telephone interpreting services were used sparingly: there were only 32 entries in the log in reception for the year to date. In our survey, only 64% of respondents said that they understood spoken English, which was less than the IRC comparator of 79%. We concluded that around a third of detainees would have benefited from the use of interpreting in reception.

1.4 The rooms on the first night unit were bare and functional, and showed substantial wear and tear, with a small amount of graffiti in two cases, but reasonably clean. Each detainee had a lockable locker. Safety checks took place during the night, and were properly recorded. Almost all detainees moved into the main centre after their first night.

1.5 Induction took place seven days a week. Some officers took an active part in explaining life at the centre to the new arrivals, but some did not. Booklets containing information about life in the centre were normally, but not always, distributed, and were available in all the main languages spoken. Each person was interviewed in the welfare office, but in the presence of the whole group. The main source of information was an audio-visual presentation which gave a clear, thorough and succinct introduction, available in a large number of languages. A 'buddy' gave a tour, giving helpful advice along the way. The introduction to activities was helpful but, apart from in the art room, there was no real interaction with the detainees by staff to encourage them to take part (see section on activities).

Recommendation

1.6 Staff should privately interview all detainees shortly after arrival, to assess their risks.

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

1.7 There was no manager responsible for safeguarding adults. The local safeguarding policy was good, and tailored to the detention setting. However, Mitie Care and Custody ('Mitie') staff had poor awareness of the policy, the national referral mechanism and whistleblowing procedures. Although staff said that they would report safeguarding concerns to a manager, some did not believe that they would be taken seriously. Mitie's confidential whistleblowing advice line had not been contacted in the previous six months.

1.8 Good use was made of raised awareness reports (RARs)[6] for detainees with low-level risks, which helped to ensure that they were not overlooked. Vulnerable adult care plans (VACPs) were opened for detainees of greater concern, including some of those assessed by the Home Office to be at risk in detention.

1.9 Nine VACPs had been opened in the previous six months. We were not satisfied that the use of VACPs was appropriately focused on all groups of detainees who might be at risk. Plans related only to detainees with health or disability needs. None were made for longer-term detainees, or those assessed to have been tortured.

1.10 VACPs were of variable quality. Initial assessments lacked detail and risks were not well enough defined. This led to a lack of focus in ongoing monitoring.

1.11 The weekly care and welfare meeting provided some limited oversight of vulnerable detainees but mainly focused on those at risk of suicide or self-harm. The lack of minutes made it difficult to track actions (see also paragraph 1.20). The meeting rarely involved the Home Office caseworker who ultimately decided if detention should continue.

1.12 The local Home Office contact team's record of adults at risk was inaccurate, and there were discrepancies between its records and Mitie's. At the beginning of the inspection, the local contact team was aware of 20 adult detainees who were at risk in detention: eight were assessed at level 1, 12 at level 2 and none at level 3. Mitie did not have a record of one detainee assessed at level 2, and was not aware that the risk level of another detainee had been increased from level 1 to level 2.

1.13 Poor Home Office planning had led to the detention of a partially paralysed man who required assistance with washing, dressing and eating. His needs had not been fully assessed at the end of his sentence in HMP Birmingham, before his detention. The centre's health care

[6] Raised awareness reports were used for detainees who were considered to be vulnerable, but whose vulnerability was not so serious as to warrant an ACDT, or Vulnerable Adult Care Plan. They required staff to monitor the detainee and make one observation a day in the centre's case management system.

team was not funded to provide social care and, unlike in prisons, the local authority had no statutory duty to care for the detainee. Despite good efforts by the centre, it did not meet all his needs. An adequate assessment was not made until five weeks after his transfer to Campsfield House. He was assessed as being at level 3 and it was agreed to release him. Social services failed to provide him with supported accommodation and he was detained for a further five weeks before being removed from the UK.

1.14 We were not satisfied that Rule 35 reports[7] were submitted when necessary. A total of 108 such reports had been made in the previous six months. Almost all had concerned torture; none had concerned suicidal ideation, despite detainees being placed on constant observations on 28 occasions. There was no local monitoring of Rule 35 data which might have identified this issue (see main recommendation S36).

1.15 In the previous six months, 28% of Rule 35 reports had led to the release of the detainee, more than at other recent inspections. We reviewed a sample of 10 of these reports; nine cases concerned torture, and the other concerned the detainee's health. Most reports lacked necessary detail. Although most contained reasonably clear judgements on physical signs of torture, the reasoning for them was not always evident. The assessment of psychological trauma was weak. Six reports had led to the detainee's release. In three cases, evidence of torture had been accepted, but detention maintained. One torture report in the sample was woefully inadequate. It should have been returned to the doctor to be completed properly, but instead the Home Office concluded that the detainee had not been tortured, and detention was maintained.

Recommendations

1.16 Centre staff should understand and be confident in using the whistleblowing procedures. All staff who have contact with detainees should be familiar with practice concerning adult safeguarding, modern slavery and adults at risk.

1.17 All staff at the centre should have access to an up-to-date register of adults at risk.

1.18 Individuals with social care needs should only be detained in very exceptional circumstances, following a thorough assessment of need. The needs of detainees requiring social care should be fully met.

Self-harm and suicide prevention

1.19 There had been nine self-harm incidents in the preceding six months, which was higher than at the time of the previous inspection, but still low in comparison with most other centres. In the same period, 48 assessment, care in detention and teamwork (ACDT) case management documents, similar to the number at the time of the previous inspection, had been opened to monitor those at risk of self-harm; this was lower than the norm for IRCs. This was partly due to the use of RARs (see section on personal safety) to support men with low mood.

1.20 ACDT procedures to monitor and support those at risk of self-harm were carried out well. Care plans were detailed and appropriate, and were followed through. Case reviews were held in private and attended by a reasonable range of staff; immigration staff were often

[7] Rule 35 of the detention centre requires that the Home Office be notified if a centre doctor considers a detainee's health to be injuriously affected by continued detention or the conditions of detention, or if a detainee may have been a victim of torture or has suicidal intentions.

present, and health services staff on several occasions. These two departments almost always provided an oral or written report if they were not able to attend. The running observation logs demonstrated that the right frequency of checks took place and, on the whole, there was sufficient recording of the detainee's mood and of conversations with them. Professional telephone interpreting was used in case reviews when the detainee did not speak English. There was good management supervision, including a weekly care and welfare meeting, which focused chiefly on reviewing ACDT support, although the lack of any records from these meetings reduced their value. There had been no deaths in detention since the previous inspection.

1.21 There had been 18 instances of food and fluid refusal in the previous six months, none of which required health services to intervene in their care. In all 18 cases, the monitoring of and support for the detainee were appropriate.

1.22 The self-harm and suicide prevention policy was up to date. The monthly safer detention meeting was attended by an adequate range of managers and staff. The Samaritans also attended the centre and gave useful support. 'Buddies' informally supported fellow detainees who needed it.

1.23 Two rooms were set aside as 'crisis suites': one, in a large residential unit, was suitable for its purpose, but the very small room on the short-stay unit was not, even though it was often used. Those on constant supervision could walk around the centre and take part in activities, accompanied by a member of staff. Constant supervision was used normally for 24 hours or less.

Safeguarding children

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

1.24 There was no named member of staff who took the lead on safeguarding children. The safeguarding policy, which covered both children and adults, was generally good but its arrangements for age dispute cases were not sufficiently clear. Mitie staff training was too general and not focused on safeguarding children in a detention setting.

1.25 No children had been held in the previous year. Seven detainees had claimed to be minors since the beginning of 2017. As provided in the safeguarding policy, they were located in a single room and placed on a RAR, but this required only limited monitoring, comprising one observation a day. The policy required a separate risk assessment to determine the additional supervision that was necessary. However, there was no record of any such assessment in the four cases we looked at. This left detainees free to move around the centre with little supervision while the question of their age was resolved.

1.26 In all seven age dispute cases, the Home Office found evidence that the detainees had previously been assessed as adults. However, in one case the evidence was inadequate; social services had determined that a detainee was over 18, but the Home Office had never seen a copy of the assessment and there was no evidence that it was Merton compliant. Despite this, detention was maintained.

1.27 The security department identified detainees who presented a risk to children, and visits staff were aware of these detainees.

Recommendations

1.28 All detainees whose age is in dispute should have a multidisciplinary care plan. Their location in, and movement around, the centre should be determined by a risk assessment which pays due attention to their individual needs.

1.29 The Home Office should not rely on a social services age assessment that a detainee is an adult without first considering a full copy of the assessment.

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.

1.30 In our survey, 41% of detainees said that they felt unsafe at the centre, which was far higher than at the time of the previous inspection, when 19% had reported feeling unsafe. Levels of reported violence had increased from a low base to 14 assaults in the previous six months (including two assaults on staff), although this was still a relatively low number and the incidents had not been serious. However, detainees told us that they felt safe at the centre and that they had not witnessed or experienced violence or bullying. During the inspection, the atmosphere among detainees and staff was settled and amicable.

1.31 The violence reduction policy was comprehensive, and a monthly meeting of relevant departments reviewed reported incidents and formulated action in response. Incidents of violence were promptly investigated, and action agreed as a result was appropriate. Conflict between detainees was well managed through a three-stage challenge and monitoring system, which included reasonably effective support for victims. With the low levels of violence, this had been used only twice in the previous six months.

1.32 The short-stay unit was used to separate detainees in conflict, those being reintegrated from the care and separation unit (CSU) and those waiting for imminent removal. This could have risked the safety of other residents, including those new to the centre, but we found that the mixture of detainees on the unit was well managed, with enhanced levels of supervision, and there were few incidents of violence or bullying there.

1.33 The incentives scheme was based on sanctions resulting from detainees being given 'strikes' for infringement of centre rules. The ultimate sanction was restricted access to employment, the internet, single room accommodation and entertainment facilities. It was rarely used but there was no system of incentives to encourage good behaviour.

Recommendations

1.34 The more negative survey results on detainees' perceptions of safety, compared with the previous report, should be investigated in consultation with them, and remedial action taken to address any concerns identified.

1.35 The rewards scheme should not be punitive or based on sanctions. (Repeated recommendation 1.52)

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.

1.36 Physical security arrangements were mostly appropriate. Detainees valued the freedom they had within the centre, which included free access to all areas until 11pm and then freedom of movement within their residential area. The outside sports pitch was still surrounded by razor wire.

1.37 Security information was well managed. Staff were regularly reminded to report any security concerns, and 177 security reports had been submitted in the previous six months, compared with 103 for the equivalent period at the time of the previous inspection. Information from recent reports had been promptly assessed and appropriate action taken, but earlier in the year there had been a period of staff changes and absence, during which some searching had not been carried out.

1.38 The routine searching of bedrooms noted at the previous inspection had been discontinued, and all searching of rooms was predicated on an assessment of risk. Detainees were not routinely subjected to full searches and these only took place when authorised by a manager. Only one such search had taken place in the previous six months, to prevent self-harm and risk to staff when it was suspected that a detainee had secreted blades on his person.

1.39 The use of restraints during outside escorts had increased since the previous inspection, being used on 58% of those going out in the previous six months, compared with less than a third at the time of the previous inspection. However, risk assessments were thorough and the use of restraints had been justified in the cases we examined. The centre accommodated more former prisoners than at the time of the previous inspection, which might have explained the increase, but they were not automatically put in restraints when being escorted if they had served sentences for non-violent crimes.

1.40 Detainees felt safe about making complaints about staff, and managers of an appropriate grade investigated these. However, managers did not always interview complainants or seek sufficient corroboration.

Recommendation

1.41 When investigating complaints about staff, managers should interview the complainant and seek corroboration of the complaint.

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.

1.42 Levels of use of force had increased since the last inspection, from five incidents to 29 in the previous six months, but were still lower than at other centres.

1.43 The paperwork and video-recorded incidents we examined showed that staff had used appropriate techniques; the use of force had been proportionate, justified and appropriately

authorised; and that there was consistently good use of de-escalation. The recordings showed that staff had maintained verbal contact with the detainee throughout, explaining what was happening and encouraging compliance. Restraints had been removed as soon as it had been safe to do so.

1.44 We found no evidence that force was used excessively or illegitimately but managers did not review incidents to improve practice. We were told that this had stopped when the centre lost its control and restraint co-ordinator but a new one had recently been appointed.

1.45 The CSU had two cells, good showers, a games room and a television in the communal area. The accommodation was stark but clean. Separated detainees could not use their mobile phones but had access to a landline.

1.46 In the previous six months, removal from association (Rule 40) had been used 19 times, for an average of 30 hours, and had been justified. When subjected to Rule 40, detainees were not locked in cells, and could watch television and use the video games room. Care for detainees in the CSU was good, with frequent interaction with staff who were responsive to their needs.

1.47 Temporary confinement (Rule 42) had been used on six occasions in the previous six months, for an average of 27 hours, which was high. In some cases, detainees had been violent and disruptive, and temporary confinement was appropriately justified and authorised. However, in other cases detainees had been temporarily confined for too long without sufficient justification. We found cases where segregation had been prolonged because men were awaiting transfer or removal.

1.48 Separated detainees who did not leave the centre were reintegrated via the short-stay unit. Reintegration plans varied in quality and usefulness. Some were excellent and thoroughly addressed the issues which had led to the detainee's separation but others were cursory and lacked depth.

Recommendations

1.49 Managers should regularly review use of force incidents and share learning with staff, to improve practice.

1.50 The temporary confinement of detainees should be for as short a time as possible.

1.51 Reintegration planning of separated detainees should identify and address the reasons for separation.

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.

1.52 In our survey, 81% of detainees said that they had a lawyer, and 61% that they were receiving free legal advice, which was more than at other IRCs. Legal aid surgeries were held four times a week and there were no waiting lists to attend.

1.53 Access to legal resources on the internet was good, and legal and support group websites were not blocked. However, printed legal information was considerably out of date and legal textbooks were not available.

1.54 The average length of detention was 55 days, but a few detainees had been held for excessive periods. At the time of the inspection, nine detainees had been held for over six months, three of whom had been held for over one year. The longest detention was for 17 months. Off-site Home Office caseworkers did not always act with reasonable diligence and expedition, repeatedly failing to follow up lines of enquiry needed to progress cases. In some cases, detention was maintained with little prospect of detainees being removed within a reasonable timescale. In addition, it generally took far too long, up to three months, to arrange escorted removals, prolonging detention unreasonably. In one case, an escorted removal had been cancelled on three occasions owing to staff shortages, and on a fourth occasion because of an administrative mix-up.

1.55 There were problems with providing accommodation for detainees who the Home Office had agreed to release, or for whom bail had been agreed in principle. There were unacceptable delays, of up to three months, in the provision of approved accommodation for detainees being released on licence. We were told that some detainees were released to no fixed abode. Neither Mitie nor the Home Office monitored this, to determine the extent of the problem.

1.56 Only 39% of detainees in our survey said that it was easy to obtain bail information. Most detainees we spoke to knew that they could apply for bail, but some had not heard of Bail for Immigration Detainees, a voluntary organisation which ran a monthly surgery to provide detainees with advice on bail. These surgeries were not well attended or promoted, and were not sufficiently well explained in welfare induction interviews. Contact team staff told us that bail summaries were prepared late and that some were only sent to the centre on the evening before the bail hearing was due to take place.

1.57 In the previous six months, 817 detainees (45%) leaving the centre had been released into the community. This included 201 detainees released following a bail hearing. Bail was granted in 65% of hearings.

1.58 The conscientious on-site Home Office contact team chased overdue monthly progress reports and Rule 35 responses. They also kept good track of cases for which bail had been granted in principle. Induction interviews were mostly good and detainees were systematically advised of their bail rights, but staff sometimes used other detainees to interpret (see recommendation 2.45).

1.59 Only 35% of detainees in our survey said that it was easy/very easy to see immigration staff if they wanted to. Unlike at other centres, immigration staff did not conduct immigration surgeries within the centre.

Recommendations

1.60 There should be a time limit on detention.

1.61 Home Office caseworkers should act with diligence and expediency, and detention should only be maintained when removal is likely within a reasonable timescale.

1.62 Accommodation should be made available promptly to detainees who are being released with no fixed abode.

1.63 The Home Office and the centre should monitor the number and circumstances of detainees being released to no sustainable accommodation.

Section 2. Respect

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.

2.1 The relationships between staff and detainees were generally cordial, and in our survey 80% of detainees said that staff treated them with respect.

2.2 In our detainee interviews, most were positive about custodial staff. However, there were a few negative comments about the attitudes of health services staff. Similar concerns regarding poor communication by health services staff were expressed in some of our staff interviews and survey responses.

2.3 A significant minority of staff in our survey also reported having witnessed other staff treating detainees inappropriately. Examples of such behaviour included telling detainees to 'shut up as they have no rights [as] they are not British', swearing and getting annoyed with detainees, and being abrupt.

2.4 Most of the interactions we observed were polite and functional. Some were relaxed and friendly, with staff taking an interest in detainees' families, for example. However, we also observed some interactions which were distant and superficial, with staff not appearing to know the detainees in their care, or the complexities of their personal circumstances well. In some cases, this was due to the inexperience of recently recruited staff. In a few instances, we observed staff become exasperated with detainees. As a consequence, they could become abrupt and dismissive of detainee needs and concerns, with comments such as 'here's what we have to put up with' being made to us, to express their frustration.

2.5 The few staff on the residential units generally remained in their offices, as opposed to engaging with detainees proactively and being more visible. However, detainees generally felt that there were sufficient officers to provide adequate support, and 69% in our survey said that there was a member of staff they could turn to if they needed help.

2.6 There was no personal officer scheme but staff were required to make regular history sheet entries on the Detainee Management System.[8] However, we found cases where entries had not been made at the required level of frequency, including one example with a 22-day gap between staff comments.

2.7 Many entries were about routine administrative tasks and few were about the detainee's welfare or state of mind, and those that were tended to be superficial. Detainees subject to raised awareness reports (RAR)[9] (see paragraph 1.25) received more frequent entries and attention from staff.

[8] The Detainee Management System is an electronic system used to store detainee information in immigration removal centres.

[9] Raised awareness reports were used for detainees who were considered to be vulnerable, but whose vulnerability was not so serious as to warrant an ACDT, or Vulnerable Adult Care Plan. They required staff to monitor the detainee and make one observation a day in the Centre's case management system.

Recommendation

2.8 Staff should always remain polite and calm when engaging with detainees, and not respond in a negative or abrupt manner.

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

2.9 There were three residential units. Approximately 80% of the accommodation consisted of bunk beds or single beds in rooms designated for two or four detainees. There were some single-occupancy rooms but also one five-bed, three six-bed and one seven-bed dormitory.

2.10 The centre had changed all three-person rooms to two-person rooms but many of these remained too small. Some detainees complained about sharing these cramped conditions with other detainees, particularly when there was a language barrier. Despite this, 71% of detainees in our survey said that it was quiet enough to sleep at night, which was higher than the comparator of 53%.

2.11 All rooms contained televisions with built-in DVD players, and adequate lockable storage. Some of the cupboards were broken or dilapidated. Most rooms had insufficient chairs, and no rooms had tables or the option to hang up clothes. Detainees did not have keys to their rooms (see main recommendation S37).

2.12 Rooms in general looked shabby and needed redecoration, with variable standards of cleanliness. Some were poorly ventilated, leading to damp and peeling paint (see main recommendation S37 and Appendix IV). We saw a small amount of graffiti, in some cases nationalistic. Detainees had access to vacuum cleaners and cleaning materials. A detainee in a paid role cleaned carpets.

2.13 Corridors and the communal area on the short-stay unit were generally clean but some areas, including stairwells, had ingrained dirt and damaged plaster, requiring a deep clean and redecoration. Information displayed on noticeboards was mostly in English. Residential corridors had hot water boilers. Each unit had at least one refrigerator, microwave oven, toaster, and tea- and coffee-making facilities.

2.14 There was a small communal area on the short-stay unit, but for the other units there were none. Detainees used the recreational facilities within the activities area, such as the cinema and pool rooms. There were three outside areas, all of which had some chairs and benches, but few other facilities such as exercise equipment.

2.15 There were sufficient communal showers and toilets, and in our survey 99% of respondents said that they could normally have a shower every day. Many shower and toilet rooms had been refurbished and were in good condition, but some toilets were soiled and needed a deep clean or replacement, and lacked seats and covers. All showers had adequate privacy

screening but some were too cold. Toilet paper, soap dispensers, shower gel and hand dryers were in place.

2.16 Detainees could wear their own clothes and were able to receive additional items through the post or during domestic visits. The centre provided additional clothing, including underwear and trainers, to detainees who did not have sufficient clothing on their first night. Detainees could request basic toiletries from staff, free of charge.

2.17 There was a washing machine and dryer on the short-stay unit but detainees generally used the central detainee-managed laundry. There were sufficient machines to meet the needs of the current reduced population, with additional machines available if the population were to increase. Detainees spoke positively about the service, and in our survey 89% said that they could clean their clothes easily.

2.18 Property was stored securely in reception when detainees arrived. They had access to it by making a request to any officer. In our survey, 58% of detainees said that they could normally gain access to their property if they needed to.

Recommendations

2.19 **Rooms should not hold more people than they were designed for.** (Repeated recommendation 2.8)

2.20 **Detainees should have access to comfortable communal areas.** (Repeated recommendation 2.10)

Detainee consultation, applications and redress

2.21 Weekly consultation meetings were reasonably well attended and led to some positive outcomes but some actions were carried over repeatedly. There was a quarterly survey with detainees, although recent poor response rates had undermined its usefulness.

2.22 Secure complaints boxes were easily accessible. Complaint forms, in a wide variety of languages, were available. In our survey, 50% of non-English-speaking respondents, in line with their English-speaking counterparts, said that it was easy to get a complaint form. However, a dummy complaint we submitted during the inspection was not collected for four days, which was too long.

2.23 The time limit for staff to respond to complaints, at 20 days, was generous but too many responses were late, some by up to 10 days. Monitoring of the timeliness of responses was weak.

2.24 Complaint responses were polite and generally addressed the issues raised. However, complainants were not routinely interviewed and not all complaints were investigated thoroughly. There had been some complaints about staff rudeness, but none of serious professional misconduct.

2.25 A full complaints breakdown was not routinely available to the centre manager to help to identify patterns and trends but managers identified concerns on an ad hoc basis.

Recommendations

2.26 The Home Office complaints box should be emptied daily and followed up immediately.

2.27 All complaint responses should be prompt and thorough.

Residential services

2.28 In our survey, 55% of respondents said that the food provided was good or very good, which was far better than at other centres (25%). We found the food to be good. The range of meals provided including options to meet religious, cultural and medical needs, and was more ethnically diverse than we normally see. However, the food advertised on the menu was not always served. Muslim detainees spoke highly of the food served at the recent Eid celebration. English-language menus were accompanied by pictorial menus displayed near the serving hatch. Meals were served at appropriate times. The dining hall was not big enough to accommodate all detainees when the centre was full.

2.29 At the time of the inspection, the kitchens were short staffed. We were told that this made it difficult to keep it as clean as it should be. However, when we visited at night, it had been left in a reasonable condition, and no significant concerns had been raised in a recent food safety inspection. The fabric of the kitchen was shabby and in need of decoration and refurbishment.

2.30 The centre had recently opened a cultural kitchen, where detainees could prepare and cook meals independently for themselves and friends, enabling them to spend time in a normal, relaxed environment. This was popular with detainees, although the number of available sessions was limited because of staff shortages, and only nine had been held in August 2018.

2.31 The centre shop was easy to access and provided a variety of goods that met the needs of the population. In our survey, 56% of respondents said that the shop sold a wide enough range of goods to meet their needs. Dollars and euros could be exchanged at reception, but no other currencies.

2.32 To purchase items from the shop, detainees presented their centre identification card, and the cost of the item was deducted from their account. They had regular access to their personal financial records. The shop was open seven days a week and detainees could buy snacks and drinks throughout the day. Staff responded to requests for specific items, and all prices were published. Detainees could borrow DVDs and CDs from the shop at no charge (see also paragraph 3.18).

2.33 An efficient catalogue ordering system, offering a same or next day delivery service, allowed detainees to order authorised items that were not provided by the centre.

Equality, diversity and faith

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

Strategic management

2.34 The equality strategy was comprehensive, and equality work was overseen by a monthly meeting, chaired by the centre director. Detainees and relevant departments were represented there and attendance was good. Although good equality information was provided, it was not analysed to determine the representation of groups with protected characteristics in various aspects of the regime. The work of the equality group was not directed by an action plan based on information about the detainee population.

2.35 There was a good programme of staff diversity training during their initial training, and subsequently during their service.

2.36 There was no separate complaints process for discrimination issues but such complaints were directed to the equality team for investigation. In the previous six months, there had been only two such complaints and they had been investigated and resolved appropriately.

Recommendation

2.37 **An equalities action plan and comprehensive monitoring data should be used to ensure the needs of all protected groups are recognised and addressed.** (Repeated recommendation 2.24)

Protected characteristics

2.38 There was insufficient identification of detainees' protected characteristics on arrival. Newly arrived detainees were not offered the opportunity to disclose their sexuality or self-identified disabilities.

2.39 The range of nationalities accommodated at the centre did not present any conflict or tensions. The rolling programme of nationalities meetings were adjusted to suit the current population. These meetings were a valuable means of checking that each group's needs were recognised and reported to the monthly equality meeting.

2.40 Formal telephone interpreting services had been used 176 times in the previous six months and an up-to-date list of staff and detainees willing to interpret was used. We found examples of the use of detainees to interpret in confidential matters, including in reception and medical interviews, which was inappropriate.

2.41 The initial health care interview identified serious disabilities which required additional care. None had been identified among the detainees being held at the time of the inspection but in our survey 19% of respondents declared a disability. Records showed that care for those identified had been of a good standard.

2.42 There were limited facilities for detainees with a disability, except for some larger rooms which could be more easily supervised. Although none were in place at the time of the inspection, emergency evacuation plans were drawn up for those requiring assistance in the event of an emergency.

2.43 At the time of the inspection, there were four detainees under the age of 21 and none over the age of 59. There was no specific provision for younger detainees. Some activities for older detainees had been made available when needed.

2.44 There was a support officer for gay detainees, based in the welfare team, and detainees could contact her by telephone and text for advice. She had contact with community LGBT support groups, which visited the centre. As detainees were not asked to disclose issues of sexuality and gender identity when they arrived, her services had not been promoted with those who might need them.

Recommendations

2.45 **Detainees should be provided with professional interpreters during meetings where accuracy and confidentiality are important.** (Repeated recommendation 2.31)

2.46 **Detainees with protected characteristics should be identified soon after their arrival.** (Repeated recommendation 2.32)

Faith and religion

2.47 Detainees of all religions could practise their faith, and in our survey 82% said that their religious beliefs were respected. The restrictions on residents of the short-stay unit attending prayers had been lifted and access to worship for all detainees was good. The centre had not been able to secure the regular services of Sikh, Hindu or Buddhist faith leaders but detainees of these faiths could worship together and receive advice from community representatives of their faith.

2.48 There were two full-time chaplaincy members, supported by part-time and volunteer faith leaders. The three rooms for worship were well appointed and ablution facilities had been refurbished. Religious texts were provided in all the languages spoken by detainees.

2.49 All religious festivals were celebrated and detainees were involved in planning events. The chaplaincy also helped detainees to celebrate relevant national independence days.

2.50 The chaplains and visiting speakers provided religious education. Pastoral support was provided as required. The chaplains were informed of bereavements and serious family illness, so that they could support distressed detainees.

2.51 The full-time chaplains provided valuable support to the work of the centre across a range of functions. The managing chaplain attended daily morning briefings for managers, and the chaplaincy made a major contribution to detainee safety, diversity, security, welfare and induction processes.

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.

Governance arrangements

2.52 The inspection of health services was jointly undertaken by the Care Quality Commission (CQC)[10] and HM Inspectorate of Prisons under a memorandum of understanding agreement between the agencies. The Care Quality Commission issued 'requirement to improve' notices following the inspection (see Appendix III).

2.53 Health services were commissioned by NHS England and had been provided by Care UK Health and Rehabilitation Services Ltd ('Care UK'), with a range of sub-contracting arrangements, since April 2016.

2.54 The health needs assessment completed in January 2013 required updating, and one had just been commissioned. Partnership board arrangements had recently separated the centre from local prisons, to allow a greater focus on the needs of immigration detainees.

2.55 The monitoring and governance arrangements did not provide adequate oversight and assurance that the service was meeting contemporary clinical governance requirements. Local and regional systems had not identified a number of weaknesses in governance arrangements which could have led to risks for detainees. The monthly local quality assurance and improvement meeting had taken place only twice since January 2018 and needed to be re-invigorated with wider attendance and more regularity as a place for formalised discussion and oversight.

2.56 There were arrangements for consultation with detainees about health care provision. There was evidence that some changes had occurred because of detainee suggestions, and patient satisfaction surveys were positive.

2.57 The small health centre did not have sufficient clinical and administrative space, and the waiting room was cramped. The two clinical rooms did not fully meet infection prevention and control requirements. Although this had been identified, remedial action had not yet been taken. Cleaning did not meet NHS standards and dust was visible on equipment.

2.58 The mix of primary health services staff included registered mental health nurses, and staff had completed relevant mandatory training. There were opportunities for development, including a three-day emergency care course scheduled to take place in the week after the inspection.

2.59 The long overdue implementation of the electronic patient record system had taken place very recently. The service was in a transitional phase from paper to electronic records but not all clinical and administrative staff had access to the system yet, and some staff said that they had not received sufficient training and needed further guidance.

[10] 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.

2.60 Staff felt supported by the manager but supervision arrangements were not fully embedded. Clinical supervision had not been taking place, although an external facilitator had been booked to undertake this regularly from October 2018. Formal managerial supervision was too infrequent.

2.61 Although some incidents were reported and appropriately investigated via Datix (the electronic incident reporting system), records showed that some key incidents had not been reported. The scrutiny and monitoring of trends and learning from incidents were not robust.

2.62 Health care complaint forms were available in the health centre but had not been replenished elsewhere in the centre. Of the seven health-related complaints received in the previous 12 months, only one had been submitted on a Care UK form. Most detainees used the centre's generic complaints process, which lacked confidentiality, but this was rectified during the inspection. All responses were polite, timely and addressed the concerns outlined.

2.63 The standard of record keeping was variable, with some illegible and judgemental hand-written entries by GPs. We found patient records and confidential information in unlocked rooms. The archive records storage facility was damp, lacked lighting and shelving, and risked the integrity of the records. This ongoing issue had been highlighted by the service. Documentation audits and a recent quality visit by Care UK had not identified these weaknesses.

2.64 A range of audits had been completed and there were some action plans to address issues but further work was needed to ensure that quality improvement was fully embedded in the service.

2.65 We observed health services staff dealing with detainees in a sensitive manner. They often used professional interpreting services during consultations, but sometimes used fellow detainees to interpret, which was inappropriate (see recommendation 2.45). Consultation room doors were often left open when nurses were seeing patients, which compromised privacy.

2.66 Referrals for external treatment were managed effectively and escorts were generally made available by detention centre staff.

2.67 Health services staff were trained in intermediate life support, and suitable emergency equipment was in place. Some custodial staff also had training in basic life support (29%) and in the use of automated external defibrillators (43%). Clinical equipment was appropriately checked and maintained. There was a 24-hour nurse presence and access to out-of-hours treatment via the 111 NHS helpline.

2.68 Health promotion information was available in a range of languages in the health care waiting area, but insufficient translated material was displayed around the centre. Staff made good use of chronic disease information in detainees' own languages.

2.69 Detainees could access prompt smoking cessation support, relevant disease prevention and screening programmes, treatment for blood-borne viruses and travel vaccinations. Arrangements to identify and manage communicable diseases were robust. Detainees on food and fluid refusal were managed well, in liaison with centre staff.

2.70 Condoms were available but detainees had to request them from health services staff, which could have discouraged some from asking for them.

Recommendations

2.71 Local quality assurance and improvement meetings should be held regularly, to ensure effective scrutiny and governance of the service, including recording and analysis of incidents.

2.72 All treatment rooms should be cleaned regularly and meet recognised standards for infection prevention and control.

2.73 Clinical staff treating patients should be supported by appropriate, documented supervision arrangements.

2.74 All clinical records should be stored appropriately, maintaining confidentiality, readily and safely accessible, and audited regularly to maintain professional record-keeping standards.

Primary care and inpatient services

2.75 In our survey, 58% of respondents said that the overall quality of health care was good, against 33% at other centres and 57% at the time of the previous inspection.

2.76 Health screening on arrival was comprehensive and nurses liaised appropriately with custody staff when additional support might be needed. Patient consent for sharing information was routinely sought and recorded. Previous health records were requested promptly.

2.77 All detainees were offered the opportunity to see the GP within 24 hours of arrival, and those with specific health conditions were automatically given an appointment. Detainees were called over to the health centre for appointments and did not have excessive waits to see GPs or nurses.

2.78 There was no social care provision available but health services staff had previously identified one detainee with a disability and had provided support. Requests to the local authority for a social care assessment had been made, but the detainee had been transferred before an assessment could be carried out. Some mobility aids were available and the team said that they would liaise with the physiotherapist to assess individuals and provide these aids if necessary.

2.79 Health services staff proactively supported detainees with long-term conditions and offered reviews for asthma and diabetes, including footcare and retinal screening. We saw good evidence of involving patients in their care but limited evidence of care plans for patients with complex health needs.

2.80 Clinical staff offered and provided diagnostic testing when required. Arrangements for obtaining urgent results was generally good but the system for checking that routine results had been received was not robust. Detainees had good access to the health centre and could see nurses four times daily. Routine GP appointments were available within 24 hours. Rule 35 assessments (see section on safeguarding of vulnerable adults) were prompt, but only two of the five GPs had received Rule 35 training, and the quality of reports was variable. Physiotherapy, podiatry and optometry clinics had acceptable waiting times, of around two weeks.

2.81 Nurses updated escort documentation and fitness-to-travel assessments, which were shared with custodial staff. Health services staff had worked collaboratively with the centre, the

Home Office and community services to support detainees being removed who had complex needs.

2.82 Health services staff provided detainees with copies of their medical records on release, removal or transfer, and supported detainees with information about community support when given enough notice. Detainees on prescribed medicines were given at least a week's supply on leaving the centre.

Recommendation

2.83 All patient test results should be followed up and recorded.

Mental health

2.84 Approximately 63% of custody staff had undertaken mental health awareness training in the previous three years, which was positive.

2.85 Any detainees with acute mental health problems were identified as being unfit to be detained. Detainees had prompt access to mental health nurses based at the centre, who offered individual support. Self-help guidance was available but only in English.

2.86 There was an open referral system, and assessments were conducted within a few days. An onward referral to a mental health in-reach nurse, counsellor or psychiatrist was made if needed. Detainees with urgent needs, including those on assessment, care in detention and teamwork (ACDT) case management procedures or on the raised awareness register, were assessed within 24 hours. Health services staff attended reviews when they were told about them in advance – which did not always happen.

2.87 Inclusion, from Midlands Partnership Foundation Trust (MPFT), provided the in-reach mental health nurse for two sessions every fortnight. The nurse did not have anyone on his caseload during the inspection but had recently set up a 'dreams interventions' group, which offered therapeutic support for detainees who had experienced bad dreams and sleep disturbances. This was a positive initiative, with further groups being considered with input from a psychologist. A consultant psychiatrist from Oxford Health NHS Foundation Trust attended for one session every fortnight if required. No patient had been transferred to hospital under the Mental Health Act in the previous year.

2.88 Between January and the end of June 2018, Inclusion had assessed 56 detainees, with seven being seen by the psychiatrist and 34 by the counsellor.

Recommendation

2.89 Mental health self-help guidance should be available in a range of languages.

Substance use treatment

2.90 The draft joint agency substance misuse management strategy needed further review. Some of the information in it did not relate to the available clinical treatment options and there was no action plan to inform the strategy. Drug and alcohol finds were highlighted through security and violence reduction meetings. Levels of substance misuse were generally low but cannabis was sometimes found in the centre.

2.91 Detainees rarely used synthetic cannabis but the service provided helpful information, in several languages, on the effects of this drug.

2.92 Detainees requiring methadone were not admitted to the centre. Demand for clinical substance misuse services remained low and support was reasonably good when needed. Those requiring symptomatic relief were referred appropriately from reception and received individual support.

2.93 Two GPs and two nurses had undertaken specialist training in substance misuse treatment. From January to the end of June 2018, the service had supported six detainees to detoxify from poppy seed use with symptomatic relief. However, the local prescribing for detoxification was not in line with the Care UK formulary (a list of medications used to inform prescribing) or national guidance, and the rationale for prescribing decisions was not documented.

2.94 Two detainees had required treatment for alcohol withdrawal. Nurses could administer this medication without a GP prescription if required, which ensured prompt treatment. We were told that clinical observations were conducted by nurses during the day but not during the night, when the risk of complications related to alcohol withdrawal would have been high. These patients were held on the short-stay unit, where custody officers undertook additional night checks and would contact the nurse if necessary.

Recommendations

2.95 The centre should have a robust substance misuse strategy, underpinned by a clear action plan with effective monitoring.

2.96 Health care professionals should clinically monitor detainees being treated for alcohol detoxification. Monitoring should occur through the day and night.

Medicines optimisation and pharmacy services

2.97 Relevant allergies and medicines information was recorded on arrival. Arrangements to obtain medicines were effective and ensured continuity of treatment.

2.98 Medicines were administered three times a day at clinically appropriate times, and more often if required. SystmOne (the electronic clinical record) was now used to record the prescribing and administration of medicines, and paper charts were being phased out. Prescribing and administration records were complete and non-attendance was followed up.

2.99 Medicines were delivered to the centre at least weekly. Additional deliveries were available and stocks of common medicines were kept on-site to ensure continuity of supply.

2.100 The storage of medicines was generally organised and secure, although staff did not always report each time refrigerator temperatures went out of range. We also found medicines that had not been locked away when the pharmacy room was left open, and also overnight.

2.101 Detainees could not get pharmacy advice. A pharmacist did not regularly visit the centre but there were plans for a pharmacy technician to visit every two weeks from October 2018. Medicines prescribed for named patients were sometimes given to other patients because of a lack of stock. This happened during the inspection but was not recorded as an incident.

2.102 Many detainees received their medicines in possession, after an appropriate risk assessment, and had secure storage in their rooms. A range of over-the-counter medicines were available which nurses could administer under patient group directions (which enable nurses to supply and administer prescription-only medicine).

2.103 Although the head of health care attended regional medicines management meetings, there had been no local medicines management meetings in which such issues as the formulary could be formally discussed.

2.104 There was some monitoring of prescribing trends but this was limited because of the absence of an electronic patient record system. Patients on high-risk medicines were monitored and reviewed appropriately.

Recommendation

2.105 Pharmacy advice and support should be routinely available to detainees, and specialist oversight of medicine management arrangements should be provided.

Oral health

2.106 Detainees had timely access to emergency dental treatment. Three external dental appointments were available weekly for urgent dental treatment, and GPs prescribed antibiotics when patients had infections. Some oral hygiene information was given to detainees who attended urgent dental treatment. There was no routine dental care for the few detainees held for more than six months.

Recommendation

2.107 Detainees should have timely access to the full range of NHS-equivalent dental treatment that can be reasonably delivered while they are detained.

Section 3. Activities

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

Access to activities

3.1 Access to activities was good. In our survey, 72% of detainees said that there was enough to do to fill their time at the centre, against the comparator of 44%. Detainees' freedom of movement within the centre was good. They could access outside areas and recreational facilities all day, including evenings and weekends.

3.2 There was a wide range of recreational activities available. These included a pool room and a computer games room. A large-screen viewing room showed films, sports events and television programmes, including some from detainees' home countries, such as Bollywood films. Access to the internet and email had been increased considerably, and was now good (see paragraph 3.17).

3.3 The number of activity places was sufficient for the current, reduced, population. There were up to 27 places daily in education classes, and 95 paid work jobs. Education classes were offered each weekday, and on two evenings a week. Detainees who completed the courses on offer could access distance learning courses through the internet, although only one detainee was currently studying in this way.

3.4 Access to paid work was good. Detainees received details of job vacancies twice a week by text message, and these were also displayed on noticeboards around the centre. They could apply directly to the allocations officer and move quickly into work.

3.5 Efforts to promote activities were not sufficiently effective, and many facilities were underused. Forty per cent of the jobs available were unfilled during the week of the inspection, few detainees made use of the sports hall or fitness suite, and attendance at education classes was poor. Although managers monitored attendance and produced detailed reports showing rates of participation, they had not taken effective action to improve the uptake of activities. The induction to the centre included information about the activities on offer, but there was little assessment of individual detainees' needs, or guidance on how they might take advantage of the opportunities open to them.

3.6 Staff had organised a wide range of additional activities to stimulate and occupy detainees. For example, Oxford University Museums had run popular events, whereby museum artefacts such as insects, textiles, semi-precious stones and puppets had been displayed, to stimulate discussion and artwork. Detainees were preparing materials to exhibit in an Oxford museum, scheduled for 2019. The centre had recently started offering guitar lessons and managers were planning other music classes and events.

Recommendation

3.7 New arrivals should have their educational needs assessed on induction, and be helped to access the provision available at the centre.

Education and work

3.8 Education appropriately focused on English for speakers of other languages (ESOL), computer use, and art and craft skills. Since the previous inspection, opportunities for detainees to gain accredited qualifications had been introduced through the Open College Network (OCN).[11] These short modular courses catered effectively for most detainees, who were held for short periods. Since April 2016, 477 certificates had been awarded to 410 detainees. Three detainees were studying on level 3 information and communications technology (ICT) course.

3.9 English language development was good for the small number attending these classes. Teachers provided good individual coaching and support to meet individual needs and help detainees to progress.

3.10 The centre had recently introduced an online assessment programme, to improve the accuracy of initial assessment. However, individual learning plans were not used, so learners did not always have a clear idea about their course components, and were not set targets for completing work. Not enough was done to encourage those who started a course to carry on with it.

3.11 The take-up of English language courses was very low, despite high levels of ESOL need. The centre's records show that only 14 detainees had been registered for ESOL courses in August 2018. Attendance had been poor, averaging four per session over the month. During the inspection, only two or three detainees attended English and ICT classes, and only three or four attended the art class. The centre did not have a formal process for identifying and assisting detainees with additional educational needs, so did not offer them extra support and encouragement to attend education classes.

3.12 The self-assessment of learning and skills provision was reasonably accurate and identified key areas for improvement, although it did not address the poor attendance at activities. At the previous inspection, observations of teaching, learning and assessment had begun, but this process was still not established and there had been no recent observations. However, nearly all teachers and regime officers were undertaking training and development activities as part of the centre's quality improvement programme.

3.13 The art room provided opportunities for detainees to develop craft skills or to make art as a means of self-expression. The room was well equipped, enabling detainees to practise drawing, painting, screen printing, photography, enamel work and crafts such as beadwork and tie-dying. Some of these craft skills could be used in commercial enterprises after release. Teaching was enthusiastic and supportive, and the quality of work was good.

3.14 The centre provided a reasonably wide range of paid work, and there were sufficient jobs available for all detainees to work if they wanted to. Many were basic cleaning roles but there were also opportunities in catering and more demanding roles; for example, the daily induction tour of the centre was delivered by the induction orderly, and some detainees supervised the work of the wing cleaners. Most jobs occupied 15 hours per week but kitchen workers could work for 30 hours. There were few opportunities to record the development of work skills, although kitchen workers completed a basic food hygiene course, available in appropriate languages, and could take a level 2 food hygiene certificate if they worked for more than a month. Detainees working as orderlies in the barber shop received training and could gain a qualification.

[11] The Open College Network is an awarding body which provides customised accreditation, ensuring the training programmes devised by providers meet nationally recognised standards.

Recommendations

3.15 Managers should improve the promotion of education provision, to encourage more detainees to participate, particularly in English for speakers of other languages courses.

3.16 Managers should fully implement the centre's quality assurance policy, and implement quality checks on the quality of teaching.

Library provision

3.17 The centre no longer provided a dedicated library area. Managers had determined that the library book stock was little used, and that there was a strong demand for more internet access. They had therefore replaced the library with a computer suite, doubling the number of computers available for detainees to use. There were now 27 computers available in three sessions until 10pm (see paragraph 4.19); these were well used by detainees to keep in touch with family and friends, and to research their legal cases or resettlement options (see also paragraph 4.19).

3.18 Detainees could borrow electronic readers, allowing them to choose from a wide range of e-books, increasing both the range of titles and the languages in which they were available. This was a good initiative, but not many detainees took advantage of it – only five electronic readers were on loan during the inspection. In addition, a stock of around 300 CDs and DVDs was available to borrow from the centre's shop (see also paragraph 2.32).

3.19 The centre no longer provided an informal, relaxed setting, where detainees could read physical books, periodicals, or legal texts. There was no librarian to assist with research or the promotion of reading. The availability of legal textbooks and country information reports was inadequate.

Recommendations

3.20 Detainees should know about the availability of electronic readers, and how to use them.

3.21 Managers should review detainees' needs for a library and information service, and provide appropriate legal textbooks and country information reports.

Good practice

3.22 *The use of e-readers enabled detainees to download a wide range of books, in a variety of languages, greatly improving reading opportunities for non-English speakers.*

Fitness provision

3.23 The sports hall offered a wide range of activities, such as five-a-side football, cricket and racquet sports. Access for detainees was good, with the facilities open every day and in the evenings. In our survey, 81% of respondents said that it was easy to go to the gym.

3.24 Despite this access, the sports hall and fitness centre were little used during the inspection. Data showed that usage had been poor in most recent months. Regime officers offered a

flexible programme of sports, but often there were no takers. The outside artificial sports pitch was rarely used because it required additional staffing. However, when a regimes officer had organised a cricket game there, there had been an enthusiastic response, and over 15 detainees had taken part. Overall, the centre did not do enough to promote the benefits of exercise or to encourage detainees to participate.

3.25 The fitness suite was small and poorly ventilated. The equipment, although functioning, needed to be replaced. Managers had obtained funding to purchase new and additional equipment, including outdoor fitness equipment, which was due to be installed shortly after the inspection. New detainees were given an induction in the use of the fitness equipment, but this was not systematically recorded.

Recommendation

3.26 Regime officers should actively promote the benefits of exercise and sports activities, and increase the proportion of detainees who participate in them.

Section 4. Preparation for removal and release

Welfare

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

4.1 The centre welfare office was open seven days a week. It was staffed by dedicated and reasonably experienced welfare officers – nominally two but often reduced to one owing to redeployment. Detainees could drop in between 9am and 5pm, and private appointments could be arranged between 6pm and 7pm.

4.2 The department was busy; in the previous six months, over 5,000 welfare advice sessions had been logged and 64 detainees had received more intensive assistance (often to retrieve missing property).

4.3 Welfare staff saw all detainees on their induction, to assess their immediate needs and promote the services of the welfare office. A screening interview identified their concerns about issues such as property, family contact, whether they had a solicitor, participating in work or education and whether they wished to return to their home country voluntarily, although this did not take place in private. Professional telephone interpreting was used effectively at these times. All information was stored on the Detainee Management System[12] within a 'detainee welfare plan', which was available for other staff to read, and logs were opened to track actions that welfare staff committed to undertake for detainees.

4.4 The services offered by the welfare office included the retrieval of property from sending establishments, the provision of legal forms and generally assisting with detainee queries.

4.5 Advice agencies that attended the centre regularly included Asylum Welcome, a local charity providing advice and practical help on a wide variety of topics, and Bail for Immigration Detainees. Telephone numbers for support from these and other groups, such as the Red Cross for family tracing, were advertised within the centre.

4.6 Detainees' welfare needs were reviewed three months after their initial induction. Basic monitoring data were collated every month, with some details about the type of welfare query and the relative successes of actions taken. These statistics and information fed into safer detention reports and meetings.

Recommendation

4.7 Induction welfare interviews should be conducted in private.

[12] The Detainee Management System is an electronic system used to store detainee information in immigration removal centres.

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.

4.8 The daily provision of visits had increased by one hour since the previous inspection. Two sessions ran daily – from 2pm to 5.30pm, and 5.30pm to 9pm. Detainees or visitors were required to book their visit at least 24 hours in advance. Detainees could request extended sessions if visitors had a long way to travel. The detainees and visitors we spoke to had no concerns about booking visits, and when we tested the booking line it was answered quickly.

4.9 Visitors and detainees were complimentary about the visits experience. In our survey, 87% of detainees who had received a visit said that staff in the visits area treated them well. We observed visitors being treated with respect. The centre sent a text message or made a telephone call to detainees who were not in the visits room on time.

4.10 The visits room was clean and bright, although small. Ten tables and an unsupervised play area for young children were available and there was an electronic games console for older children. Detainees could meet their visitors in an outside space, where there were picnic tables. The atmosphere in the visits room was relaxed, and there were no unreasonable restrictions on contact. A small kiosk in the room sold drinks and snacks, and was managed by a detainee. Detainees could also buy sandwiches from the centre shop for their visitors and themselves. However, there was no hot food available for those who had travelled long distances.

4.11 Adult visitors and children had to walk through a metal detector, and adults also had to undergo a basic rub-down search, which was carried out in a respectful manner. Visitors could bring in property for detainees. If adult visitors needed to use the toilet during the visit, they underwent a rub-down search after using the facilities, before being allowed back into the visits hall; young children who used the toilet were searched using a hand-held metal detector. All visitors were required to wear a coloured wrist band; this included young children, which was disproportionate.

4.12 Most information on the walls in the visits hall was in English only. Home Office complaint forms were available, but only in English, and the box in which these were placed did not lock. There were also forms for detainees or visitors to apply to see a member of the Independent Monitoring Board but, again, these were only in English. There were no visitor feedback forms.

4.13 Welfare officers provided good support to detainees in maintaining contact with their families. The centre had facilitated twice-weekly visits from Asylum Welcome, which provided a volunteer visitor service and group drop-in sessions to detainees on the units. The centre provided a free bus service from the local train station for visitors.

Recommendation

4.14 Young children visiting the centre should not need to wear a wristband.

Good practice

4.15 *Detainees could take their visits in an outside space with picnic tables.*

Communications

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

4.16 There was good access to telephones. In our survey, 87% of respondents said that it was easy to use the telephone, which was better than the comparator (67%). Detainees received a free five-minute telephone call in reception on arrival at the centre and were also given a £5 credit for their mobile phone. They were not permitted to keep their own mobile phone if it had a camera, but were given one by the centre. The shop sold a wide variety of phone cards. Although free weekly calls were not provided for detainees without money, we were told that this would be facilitated through the welfare office.

4.17 As at the time of the previous inspection, some detainees said that the mobile phone signal was poor, particularly in accommodation areas; managers were aware of the problem but, despite having plans at the time of the previous inspection to install signal boosters around the site, this had not been completed.

4.18 Detainees had good access to centre telephones, fax machines and photocopiers, which were available in the computer suite, on the units and in the welfare office. There was also a scanner available in the computer suite.

4.19 A suite of 27 computers was available in three sessions throughout the day: 8am to 12.30pm, 1.30–4.30pm and 6–10pm (see paragraph 3.18). These provided detainees with reasonable access to the internet and email, and they could also open PDF and Word documents, and print them off. There were no restrictions on the number of documents that could be printed. A wide range of important legal websites and foreign language news sites was accessible. The suite was usually busy and detainees had to pre-book a one-hour session, although longer sessions were available if space allowed.

4.20 Although we were told at the previous inspection that the centre was going to trial the use of video calling to improve contact between detainees and their families, this had not happened. Social networking sites, which could have enhanced contact, continued to be routinely blocked.

4.21 All detainees could send one free letter a week. There was a designated post box for outgoing mail and this was emptied daily. Staff did not read detainees' mail.

Recommendation

4.22 Detainees should only be prevented from accessing social networking sites on the basis of an individual risk assessment.

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.

4.23 During the previous six months, 1,809 detainees had left the centre, 26% of whom had been removed from the UK, 29% transferred to another immigration removal centre and 45% released into the community.

4.24 In our survey, only 18% of detainees said that staff had helped them to prepare for release. Preparation for removal or release work started on the day of a detainee's arrival but they were no longer routinely seen before their discharge from the centre. This change in process since the previous inspection had the potential to lead to some welfare concerns not being identified or addressed. For example, we met one detainee who was voluntarily returning to India after 14 years. He stated that he had received no information or support for his return and was fearful to ask in case it adversely affected his eligibility to return (see main recommendation S38).

4.25 Detainees who were being removed on escorted charter flights were accommodated on the short-stay unit for up to 48 hours before leaving the centre, under a system described as 'preparation for release'. However, they could move freely to and from the main centre until the night before their scheduled departure. The same process applied for detainees that the centre believed would refuse transfer.

4.26 Staff did not force detainees to leave the centre on the first transfer or removal attempt. Instead, they reasoned with them, to try to persuade them to leave. If this failed, the move was cancelled and a suitable escort crew booked. This helped to keep the use of force to a minimum. However, staff were sometimes indifferent to the demeanour of detainees. For example, we observed one detainee who was returning to Bangladesh on a domestic flight. He was compliant but clearly upset at this prospect and became tearful in reception. Neither reception nor escorting staff acknowledged his distress or tried to provide any reassurance. The situation was exacerbated by the detainee's limited understanding of English and the decision not to use professional telephone interpreting services.

4.27 There was some considered and productive preparation for the removal of detainees with complex or special needs. Multidisciplinary meetings were held, with representation from relevant departments, including health care. In the case of the recent removal of a Lithuanian detainee, effective communication had ensured that his physical needs were known about and managed effectively by the Lithuanian authorities on his arrival.

4.28 Detainees continued to receive as little as an hour's notice before they were transferred to another immigration removal centre, even when managers knew about the transfer several days in advance. Detainees therefore had little time to inform family and friends about what was happening, which caused them unnecessary stress and anxiety. In one case, we saw a detainee initially refuse to transfer to another centre for an asylum interview as he had an imminent dentist appointment. The centre had known about the transfer for a week, and the detainee's medical concern could have been addressed in advance with better communication. The centre was unable to provide any explanation for this practice and agreed that it was preventable.

4.29 Escorts continued to search detainees being transferred or removed in the main waiting area, offering little privacy. Detainees released into the UK were provided with travel warrants and escorted to the local train station. We were told that in the few instances of

detainees having no accommodation to go to, the centre would arrange an overnight stay at a local hostel. However, there were no records to evidence these arrangements.

4.30 Detainees could apply for funds to reach their final destinations, although, with no assessment of welfare needs before discharge, we could not be assured that departing detainees' financial needs were addressed on all occasions. The Home Office provided a destitute payment in certain circumstances, and the head of religious affairs managed a small cash float provided by Asylum Welcome, in addition to their own chaplaincy discretionary fund, which was funded by donations from local churches.

Recommendation

4.31 Detainees should be informed of their transfer to another centre as soon as is reasonably practicable.

Section 5. Summary of recommendations and good practice

The following is a listing of repeated and new recommendations and examples of good practice included in this report. The reference numbers at the end of each refer to the paragraph location in the main report, and in the previous report where recommendations have been repeated.

Main recommendation — To the Home Office

5.1 The centre should monitor Rule 35 reports, to ensure that they are submitted when necessary. These should contain sufficient detail to inform a proper assessment of the vulnerability of the detainee. Where evidence of torture is accepted, detention should only be maintained in very exceptional circumstances. (S36)

Main recommendations — To the centre manager

5.2 Rooms should be redecorated and brought up to a decent standard. Detainees should be encouraged to keep their rooms clean. Rooms should have sufficient chairs, tables and storage space in which to hang clothes. (S37)

5.3 Detainees' welfare needs should be routinely reviewed and any concerns addressed before their departure from the centre. (S38)

Recommendations — To the Home Office

Safeguarding of vulnerable adults

5.4 Individuals with social care needs should only be detained in very exceptional circumstances, following a thorough assessment of need. The needs of detainees requiring social care should be fully met. (1.18)

Safeguarding children

5.5 The Home Office should not rely on a social services age assessment that a detainee is an adult without first considering a full copy of the assessment. (1.29)

Legal rights

5.6 There should be a time limit on detention. (1.60)

5.7 Home Office caseworkers should act with diligence and expediency, and detention should only be maintained when removal is likely within a reasonable timescale. (1.61)

5.8 Accommodation should be made available promptly to detainees who are being released with no fixed abode. (1.62)

Detainee consultation, applications and redress

5.9 The Home Office complaints box should be emptied daily and followed up immediately. (2.26)

5.10 All complaint responses should be prompt and thorough. (2.27)

Recommendation — To the Home Office and centre manager

Legal rights

5.11 The Home Office and the centre should monitor the number and circumstances of detainees being released to no sustainable accommodation. (1.63)

Recommendations — To the centre manager

Arrival and early days in detention

5.12 Staff should privately interview all detainees shortly after arrival, to assess their risks. (1.6)

Safeguarding

Safeguarding of vulnerable adults

5.13 Centre staff should understand and be confident in using the whistleblowing procedures. All staff who have contact with detainees should be familiar with practice concerning adult safeguarding, modern slavery and adults at risk. (1.16)

5.14 All staff at the centre should have access to an up-to-date register of adults at risk. (1.17)

Safeguarding children

5.15 All detainees whose age is in dispute should have a multidisciplinary care plan. Their location in, and movement around, the centre should be determined by a risk assessment which pays due attention to their individual needs. (1.28)

Personal safety

5.16 The more negative survey results on detainees' perceptions of safety, compared with the previous report, should be investigated in consultation with them, and remedial action taken to address any concerns identified. (1.34)

5.17 The rewards scheme should not be punitive or based on sanctions. (1.35, repeated recommendation 1.52)

Security and freedom of movement

5.18 When investigating complaints about staff, managers should interview the complainant and seek corroboration of the complaint. (1.41)

Use of force and single separation

5.19 Managers should regularly review use of force incidents and share learning with staff, to improve practice. (1.49)

5.20 The temporary confinement of detainees should be for as short a time as possible. (1.50)

5.21 Reintegration planning of separated detainees should identify and address the reasons for separation. (1.51)

Staff–detainee relationships

5.22 Staff should always remain polite and calm when engaging with detainees, and not respond in a negative or abrupt manner. (2.8)

Daily life

Living conditions

5.23 Rooms should not hold more people than they were designed for. (2.19, repeated recommendation 2.8)

5.24 Detainees should have access to comfortable communal areas. (2.20, repeated recommendation 2.10)

Equality, diversity and faith

Strategic management

5.25 An equalities action plan and comprehensive monitoring data should be used to ensure the needs of all protected groups are recognised and addressed. (2.37, repeated recommendation 2.24)

Protected characteristics

5.26 Detainees should be provided with professional interpreters during meetings where accuracy and confidentiality are important. (2.45, repeated recommendation 2.31)

5.27 Detainees with protected characteristics should be identified soon after their arrival. (2.46, repeated recommendation 2.32)

Health services

Strategy, clinical governance and partnerships

5.28 Local quality assurance and improvement meetings should be held regularly, to ensure effective scrutiny and governance of the service, including recording and analysis of incidents. (2.71)

5.29 All treatment rooms should be cleaned regularly and meet recognised standards for infection prevention and control. (2.72)

5.30 Clinical staff treating patients should be supported by appropriate, documented supervision arrangements. (2.73)

5.31 All clinical records should be stored appropriately, maintaining confidentiality, readily and safely accessible, and audited regularly to maintain professional record-keeping standards. (2.74)

Primary care and inpatient services

5.32 All patient test results should be followed up and recorded. (2.83)

Mental health

5.33 Mental health self-help guidance should be available in a range of languages. (2.89)

Substance use treatment

5.34 The centre should have a robust substance misuse strategy, underpinned by a clear action plan with effective monitoring. (2.95)

5.35 Health care professionals should clinically monitor detainees being treated for alcohol detoxification. Monitoring should occur through the day and night. (2.96)

Medicines optimisation and pharmacy services

5.36 Pharmacy advice and support should be routinely available to detainees, and specialist oversight of medicine management arrangements should be provided. (2.105)

Oral health

5.37 Detainees should have timely access to the full range of NHS-equivalent dental treatment that can be reasonably delivered while they are detained. (2.107)

Activities

Access to activities

5.38 New arrivals should have their educational needs assessed on induction, and be helped to access the provision available at the centre. (3.7)

Education and work

5.39 Managers should improve the promotion of education provision, to encourage more detainees to participate, particularly in English for speakers of other languages courses. (3.15)

5.40 Managers should fully implement the centre's quality assurance policy, and implement quality checks on the quality of teaching. (3.16)

Library provision

5.41 Detainees should know about the availability of electronic readers, and how to use them. (3.20)

5.42 Managers should review detainees' needs for a library and information service, and provide appropriate legal textbooks and country information reports. (3.21)

Fitness provision

5.43 Regime officers should actively promote the benefits of exercise and sports activities, and increase the proportion of detainees who participate in them. (3.26)

Welfare

5.44 Induction welfare interviews should be conducted in private. (4.7)

Visits and family contact

5.45 Young children visiting the centre should not need to wear a wristband. (4.14)

Communications

5.46 Detainees should only be prevented from accessing social networking sites on the basis of an individual risk assessment. (4.22)

Leaving the centre

5.47 Detainees should be informed of their transfer to another centre as soon as is reasonably practicable. (4.31)

Examples of good practice

Activities

5.48 The use of e-readers enabled detainees to download a wide range of books, in a variety of languages, greatly improving reading opportunities for non-English speakers. (3.22)

Visits and family contact

5.49 Detainees could take their visits in an outside space with picnic tables. (4.15)

Section 6. Appendices

Appendix I: Inspection team

Hindpal Singh Bhui	Team leader/reviewer
Colin Carroll	Team leader
Andrew Rooke	Inspector
Deri Hughes-Roberts	Inspector
Tamara Pattinson	Inspector
Martin Kettle	Inspector
Kam Sarai	Inspector
Maureen Jamieson	Health services inspector
Joanne MacDonald	Care Quality Commission inspector
Steve Oliver-Watts	Associate activities inspector
Joe Simmonds	Researcher
Helen Ranns	Researcher
Charli Bradley	Researcher
Natalie-Anne Hall	Associate researcher

Appendix II: Progress on recommendations from the last report

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

Safety

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

At the last inspection in 2014, detainees were generally positive about escorts, but one had been detained for an unnecessarily long time as a result of the escort contractor's inefficiencies. The reception area was cramped and could not always cope with the number of detainees passing through. Early days support and induction were good. There was very little violence and support for those at risk of self-harm was good. Security was generally proportionate. Elements of the reward scheme were punitive. Force and separation were used infrequently. Detainees had access to basic legal advice but too many did not receive substantive legal representation. A child had been held at the centre, which was unacceptable. Detainees had good access to a conscientious on-site Home Office team. Rule 35 initial reports (which require medical practitioners in immigration removal centres to report on the case of any individual whom they believe may have been a victim of torture) were poor and the process did not provide vulnerable detainees with sufficient protection. Outcomes for detainees were reasonably good against this healthy establishment test.

Main recommendation

The Home Office should ensure that the rule 35 process provides vulnerable detainees with adequate protection. The reports should include a clinical opinion wherever possible, caseworkers' responses should address detainees' vulnerability and torture survivors should not be detained. (S32)
Not achieved

Recommendations

Detainees should not be moved during the night unless there is an urgent operational justification. (1.4)
Achieved

Escort failures should not prolong the time detainees spend in detention. (1.5)
Not achieved

Reception staff should conduct interviews and risk assessments in private, using professional interpretation when detainees are not fluent in English. (1.12)
Not achieved

All induction booklets should be available in a range of languages. (1.13)
Achieved

The anti-bullying strategy should include targets and interventions for perpetrators of violence or bullying. (1.19)
Achieved

Detainees refusing food and fluid should be monitored only as frequently as their care needs dictate. (1.27)
Achieved

The centre manager should develop safeguarding processes with the local safeguarding adults board. (1.31)
Not achieved

The Home Office should ensure that children who have been identified as such are not held in detention. (1.38)
Achieved

Detainees' rooms should only be searched where intelligence suggests it is necessary. Routine searching should cease. (1.47)
Achieved

The rewards scheme should not be punitive or based on sanctions. (1.52)
Not achieved (recommendation repeated, 1.35)

De-escalation should be used to its fullest extent before force is employed. (1.58)
Achieved

The Home Office should invite the Legal Aid Agency to investigate the reasons for detainees' poor access to representation in immigration removal centres. (1.65)
Achieved

Only independent immigration advisors registered with the Immigration Services Commissioner should provide detainees with advice on bail matters. (1.66)
Achieved

Home Office caseworkers should act with diligence and expediency to conclude cases. (1.77)
Not achieved

Detainees should only be detained when removal is likely within a reasonable period of time. (1.78)
Not achieved

Monthly progress reports should contain meaningful information and detainees should receive them on time. (1.79)
Not achieved

Respect

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

At the last inspection in 2014, accommodation was reasonable but becoming increasingly cramped. Cleanliness was variable. Staff-detainee relationships were very good. The needs of diverse groups were generally well met. Faith provision was good. The few complaints that were made were dealt with appropriately. Health services were good. The food was good and the shop met detainees' needs. Outcomes for detainees were good against this healthy establishment test.

Recommendations

Rooms should not hold more people than they were designed for. (2.8)
Not achieved (recommendation repeated, 2.19)

Each detainee should have a table and a space to store and hang clothes. (2.9)
Not achieved

Detainees should have access to comfortable communal areas. (2.10)
Not achieved (recommendation repeated, 2.20)

The laundry should be sufficient for the size of the population, and broken machines should be fixed promptly. (2.11)
Achieved

An equalities action plan and comprehensive monitoring data should be used to ensure the needs of all protected groups are recognised and addressed. (2.24)
Not achieved (recommendation repeated, 2.37)

Detainees should be provided with professional interpreters during meetings where accuracy and confidentiality are important. (2.31)
Not achieved (recommendation repeated, 2.45)

Detainees with protected characteristics should be identified soon after their arrival. (2.32)
Not achieved (recommendation repeated, 2.46)

A full breakdown of complaints made and issues raised should be available to centre managers, and discussed at management meetings. (2.44)
Not achieved

The provision of health care staff overnight should comply with current health care regulations. (2.55)
Achieved

Automated external defibrillators should be available to custody staff, who should be trained in their use. (2.56)
Achieved

Specialist training for health care staff should be available to enhance services. (2.57)
Achieved

The pharmacist should have prompt access to all prescribing information so that interactions and contraindications can be identified and avoided. (2.69)
Not achieved

A robust policy should be in place for the use of medication that detainees bring into the prison. (2.70)
Achieved

The risk assessment and in-possession policies should be reviewed. (2.71)
Achieved

Detainees treated for alcohol detoxification should be adequately monitored in the initial days of their care. (2.82)
Not achieved

The catering manager should extend the cultural cooking activity and develop a cultural kitchen. (2.92)
Achieved

Activities

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

At the last inspection in 2014, the majority of detainees said they had enough to do while at the centre. Education provision was good. There was sufficient work for the population. The library provided a reasonable service. Fitness facilities were good and well used. Outcomes for detainees were good against this healthy establishment test.

Recommendations

Internal training materials should be available in languages other than English. (3.15)
Partially achieved

The centre should offer detainees the opportunity to obtain external accreditation for education and training for work. (3.16)
Partially achieved

The library should regularly assess the most common languages in the centre and order stock accordingly. (3.20)
No longer relevant

Library staff should receive librarian training. (3.21)
No longer relevant

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 2014, welfare support was good and detainees appreciated it. Visits arrangements were good. There was reasonable access to communications. Detainees who were released or transferred were not always given adequate notice or seen systematically by welfare staff. Outcomes for detainees were good against this healthy establishment test.

Recommendations

Detainees without the funds to retrieve their property should be given free assistance to do so. (4.6)
Not achieved

The effectiveness of the welfare service should be assessed annually. (4.7)
Achieved

Detainees should only be prevented from accessing social networking sites on the basis of an individual risk assessment. (4.18)
Not achieved

Detainees being removed should receive information about appropriate support services in destination countries and given the means to reach their final destinations where necessary. (4.26)
Partially achieved

Detainees being released or transferred should be seen by welfare staff before leaving the centre. Those being transferred should receive reasonable notice and a written account of the reasons for their transfer in a language they can understand. (4.27)
Not achieved

Appendix III: Care Quality Commission Requirement Notice



Requirement Notices

Provider: Care UK Health and Rehabilitation Service Limited
Location: IRC Campsfield Healthcare Centre
Location ID: 1-4083926400

Regulated activities: Treatment of disease, disorder, or injury, Diagnostic and screening and Surgical procedures.

Action we have told the provider to take
The table below shows the regulations that were not being met. The provider must send CQC a report that says what action they are going to take to meet these regulations.

Regulated Activity	Regulation 12 (2) (a) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Safe care and treatment
Diagnostic and screening procedures Treatment of disease, disorder or injury	How the regulation was not being met: The registered person did not have arrangements in place to fully assess and monitor the risks of patients requiring alcohol detoxification. Patients receiving alcohol detoxification treatment were not monitored by health care staff overnight for withdrawal symptoms. The registered person did not ensure the proper and safe management of medicines. Medicines were not being stored safely. We found named patient medicines stored in an open box in the pharmacy room. This room was not locked or supervised on a number of occasions during our visit.
Regulated activity	Regulation 17 (1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Good Governance
Diagnostic and screening procedures Treatment of disease, disorder or injury	How the regulation was not being met: The registered person did not establish and operate effective systems and processes to assess and monitor the quality and safety of the service. The

	provider's systems and oversight of the service had not identified all risks: • Patient medical records and information were not maintained securely and were routinely left accessible in unlocked rooms. • Consultation room doors were frequently left open during nurse consultations with no clear rationale or individual risk assessment for doing so. • Some GP records were illegible and many entries we reviewed did not meet required record keeping standards. • Local prescribing for detoxification was not in line with the Care UK formulary. The rationale for prescribing decisions which were not in line with national guidance was not documented. • The system for recording and checking all patient test results was not effective in mitigating risk. Between 16 May 2018 and 16 September 2018 56 test requests had been recorded but results for only 25 tests had been entered. • There was no system in place to ensure the quality of Detention Rule 35 reports completed by GPs. Some risks had been identified but insufficient action had been taken to mitigate these risks: • Local quality assurance meetings had only taken place twice in the last 12 months despite this having been identified as a risk by the provider in their quality visit on 8 August 2018. • Although audits had been carried out, action plans to address audit findings were not robust and progress against action plans was not monitored. • Clinical rooms did not meet infection prevention and control requirements. Cleanliness had been identified as a risk but not effectively escalated to the cleaning contractor or the regional quality assurance board. • The container used to store archived patient health records was not fit for purpose and posed a risk to the integrity of records. • A Care UK quality visit on 8 August 2018 had identified a lack of recorded staff managerial and clinical supervision. No supervision records were available at the time of our

	inspection. • There had been no local medicines management meetings and no routine pharmacist visits to provide effective oversight of medicine safety. This had been identified in a Care UK medicines management visit in May 2018. • A medicines management action plan, dated 21 May 2018 included a recommendation that professional pharmacy/ medicines management input was required, and should be implemented as soon as possible. This had not yet been achieved. • There was no evidence that action had been taken when medicine fridge temperatures were out of range. • Concerns were not all being reported by staff, which meant appropriate remedial action had not always been taken. For example: out of range refrigerator temperatures, and lack of medicines stocks had not been reported as incidents. • During our inspection we observed nurses were taking medicines from patients' named stock and administering them to other patients because the correct stock had not been ordered. This had previously been identified as a risk by a Care UK quality visit in August 2018. • Local managers had identified an inappropriate entry within a patient's record, however this had not been reported as an incident or investigated further.

Appendix IV: Photographs



Peeling paint and damp in a room



Poor condition of shelf in room



Damaged and poorly decorated wall plaster in a room



Evidence of rust or water damage in a room

Appendix V: Detainee population profile

Please note: the following figures were supplied by the establishment and any errors are the establishment's own.

(i) Age	No. of men	No. of women	No. of children	%
Under 1 year	0			
1 to 6 years	0			
7 to 11 years	0			
12 to 16 years	0			
16 to 17 years	0			
18 years to 21 years	4			
22 years to 29 years	38			
30 years to 39 years	41			
40 years to 49 years	30			
50 years to 59 years	12			
60 years to 69 years	0			
70 years or over	0			
Total	**125**			**100**

(ii) Nationality Please add further categories if necessary	No. of men	No. of women	No. of children	%
Afghanistan	2			1.6
Albania	8			6.4
Algeria	3			2.4
Angola	0			0
Bangladesh	16			12.8
Belarus	0			0
Cameroon	0			0
China	6			4.8
Colombia	0			0
Congo (Brazzaville)	0			0
Congo Democratic Republic (Zaire)	0			0
Ecuador	0			0
Estonia	0			0
Georgia	0			0
Ghana	2			1.6
India	25			20
Iran	3			2.4
Iraq	3			2.4
Ivory Coast	0			0
Jamaica	5			4
Kenya	1			0.8
Kosovo	0			0
Latvia	0			0
Liberia	0			0
Lithuania	0			0
Malaysia	2			1.6
Moldova	0			0
Nigeria	3			2.4

Pakistan	11			8.8
Russia	0			0
Sierra Leone	0			0
Sri Lanka	3			2.4
Trinidad and Tobago	0			0
Turkey	1			0.8
Ukraine	0			0
Vietnam	6			4.8
Yugoslavia (FRY)	0			0
Zambia	0			0
Zimbabwe	1			0.8
Other (please state)				
Poland	4			3.2
Romania	2			1.6
Sudan	3			2.4
Netherland	1			0.8
Tunisia	1			0.8
Morocco	1			0.8
France	1			0.8
Brazil	1			0.8
Sweden	1			0.8
Botswana	2			1.6
Tanzania	1			0.8
Lebanon	1			0.8
Germany	2			1.6
Gambia	1			0.8
Egypt	1			0.8
Nepal	1			0.8
Total	**125**			**100**

(iii) Religion/belief Please add further categories if necessary	**No. of men**	**No. of women**	**No. of children**	**%**
Buddhist	10			8
Roman Catholic	4			3.2
Orthodox	0			0
Other Christian religion	20			16
Hindu	11			8.8
Muslim	58			46.4
Sikh	13			10.4
Agnostic/atheist	1			0.8
Unknown	7			5.6
Other (please state what)				
Rastafarian	1			0.8
Total	**125**			**100**

(iv) Length of time in detention in this centre	No. of men	No. of women	No. of children	%
Less than 1 week	18			14.4
1 to 2 weeks	21			16.8
2 to 4 weeks	27			21.6
1 to 2 months	32			25.6
2 to 4 months	17			13.6
4 to 6 months	2			1.6
6 to 8 months	5			4
8 to 10 months	1			0.8
More than 10 months (please note the longest length of time)	2 (395 days, 455 days)			1.6
Total	**125**			**100**

(v) Detainees' last location before detention in this centre	No. of men	No. of women	No. of children	%
Community	1			0.8
Another IRC	12			9.6
A short-term holding facility (e.g. at a port or reporting centre)	34			27.2
Police station	54			43.2
Prison	24			19.2
Total	**125**			**100**

Appendix VI: Summary of detainee interviews

Every detainee in Campsfield House was offered a confidential individual interview with an inspector, and a total of five detainees asked to be interviewed. We interviewed all five detainees (4% of the population). We also issued an invitation to recent ex-detainees to speak to us through various support groups, but none took up this offer. The interviews were semi-structured and held from 12 September 2018. What follows is a summary of the key messages that emerged. The opinions of interviewers are not included, and this represents only the views of interviewees. These interviews were used as one source of evidence to inform the rounded judgements made by inspectors in the body of this report. The men we spoke to were self-selecting, and the percentages here do not supplant those of our randomised survey (Appendix VIII). We followed up any allegations of concern and have reported on outcomes in the main body of the report where we were able to corroborate.

Key themes from five detainee interviews

Safety

Nearly all detainees felt that the centre was safe, but that drugs were present.

All but one detainee felt physically safe in the centre. Staff would usually respond appropriately to arguments, fights or assaults. A couple pointed out that staff might not always be aware if there was an argument going on, as staff were not present in all areas of the centre. Those detainees who had seen an incident said that staff treated them well. Detainees said that drugs were in the centre and that they could smell cannabis on the units.

Respectful treatment

Detainees felt that most staff treated them well.

Detainees said that most Mitie staff treated them well but some said that health services staff spoke to them inappropriately. Others were critical of their experiences before arriving at the centre – for example, long waits in escort vehicles or their treatment at airports. One detainee was unhappy about being given a rub-down search by a female member of staff. All but one detainee was confident to complain.

Health

Detainees were critical about health services. One detainee said that health services staff had not identified the fact that he had not eaten for six days. Two detainees complained that they could not see health services staff at night.

Main negative and positive areas identified by detainees

Main negatives and priority areas for improvement
Pay rates
Health services staff attitude
Searching by officer of a different gender

Main positives
Learning and skills provision
Food
Showers
Washing machines

Appendix VII: Summary of staff interviews and survey

Twenty-two interviews were completed with randomly selected detainee custody officers (16), detainee operational managers (2), health services staff (2) and Home Office staff (2). This equated to 20% of uniformed staff, 29% of health services staff and 25% of Home Office staff. All staff were in detainee contact roles and were interviewed from 10–13 September 2018. In addition, 32 staff (approximately 30%) from all departments completed online surveys. The survey was sent to all staff in contact roles. It was not as extensive as the interviews. All responses were anonymous and some of the survey respondents and interviewees might have been the same people. There were no significant differences between the survey and interview responses, and the findings are reported together. The opinions of interviewers are not included, and only the views of staff are represented. The interviews and survey were used as sources of evidence to inform the rounded judgements made by inspectors in the body of this report. The main objective of both was to provide staff with an opportunity to tell inspectors confidentially about concerns over safety and the treatment of detainees, and any specific instances of concern that inspectors could follow up. The main themes are listed below.

Key themes from 22 staff interviews and 32 survey responses

Most staff thought that safety was reasonably good.

Most staff said that the centre was generally safe. Many said that good relationships between staff and detainees led to the calm running of the centre. Staff spoke of caring and respectful attitudes towards detainees. Most areas of the centre were considered safe but some stairwells on the accommodation blocks lacked closed-circuit television coverage, which was potentially unsafe. Planned incidents often took place in the legal visits corridor. Ex-prisoners were the most problematic detainees, some of whom 'behaved like gangsters'. Some staff believed that ex-prisoners should not be held with other detainees.

Nearly all staff had not witnessed the inappropriate use of force. However, one member of staff hinted that force had been used inappropriately after a detainee assaulted a manager. Some staff said that drugs were a problem in the centre, mostly cannabis. Spice had been a problem in the past but less so now. Some staff suggested that managers were too lax about the use of cannabis and did not do enough to tackle the problem.

Whistleblowing mechanisms were not widely understood

Home Office staff knew about whistleblowing procedures and mechanisms but Mitie Care and Custody staff did not. Many said that they would report safeguarding concerns to their line manager. However, some did not believe that the issues raised would be taken seriously. Members of the Home Office team were aware of the National Referral Mechanism but Mitie Care and Custody staff were not.

Respectful treatment

Most staff treated detainees with respect but there were some examples of inappropriate treatment.

All respondents to our survey said that Mitie Care and Custody staff and Home Office staff treated detainees well or reasonably well. Generally, there was a positive culture among staff. Many found helping detainees to resolve their problems or calming situations down as rewarding. Respondents were less positive about health services staff, with 55% stating that these staff did not treat detainees well enough, or treated them poorly. Many respondents were very critical of their health services colleagues' manner and interactions with detainees. They gave examples of poor communication skills that left detainees feeling that they were not listened to, and upset. Health services staff in our interviews said that poor communication from Mitie Care and Custody staff undermined their roles and caused stress.

Most staff had not witnessed other staff treating detainees inappropriately but a significant minority had. Examples in our survey included telling detainees to: 'shut up as they have no rights [as] they are not British'; swearing at detainees; getting annoyed with detainees; and being abrupt.

Low staffing numbers and a lack of senior management support were considered key weaknesses.

Many staff complained that staffing levels were too low but this was mitigated by the small number of detainees currently held. At the time of the inspection, 123 detainees were held, less than half the centre's capacity.

Many staff had little faith in senior managers. In our survey, respondents said that managers had little integrity, were inconsistent, failed to challenge poor detainee behaviour sufficiently and undermined the actions of detainee custody officers. Moreover, 45% of respondents said that they were not supported, or rarely supported, by senior managers.

Other staff were concerned that the centre buildings were no longer fit for purpose. One respondent in our survey stated, 'The centre facilities are tired. The centre is dated and of course not purpose built.'

Appendix VIII: Summary of detainee survey responses

A voluntary, confidential and anonymous survey of the detainee population was carried out for this inspection. The results of this survey formed part of the evidence-base for the inspection.

Sampling

The questionnaire was offered to all detainees.

Distributing and collecting questionnaires

Every attempt was made to distribute the questionnaires to respondents individually. This gave researchers an opportunity to explain the purpose of the survey and to answer respondents' questions. We also stressed the voluntary nature of the survey and provided assurances about confidentiality and the independence of the Inspectorate. This information is also provided in writing on the front cover of the questionnaire.

Our questionnaire is available in a number of different languages and via a telephone translation service for respondents who do not read English. Respondents with literacy difficulties were offered the option of an interview.

Respondents were not asked to put their names on their questionnaire. In order to ensure confidentiality, respondents were asked to seal their completed questionnaire in the envelope provided and either hand it back to a member of the research team at a specified time or leave it in their room for collection.

Detainees are made aware that participation in the survey is voluntary; detainees who decline to participate are not replaced within the sample.

Survey response

At the time of the survey on 10 September 2018, the detainee population at Campsfield House immigration removal centre (IRC) was 124. Using the method described above, questionnaires were distributed to all 124 detainees.

We received a total of 75 completed questionnaires, a response rate of 60%. Seventeen respondents declined to complete a questionnaire and 32 questionnaires were not returned.

Returned language	Number of completed survey returns
English	36 (48%)
Vietnamese	8 (11%)
Punjabi	6 (8%)
Chinese	5 (7%)
Bengali	5 (7%)
Farsi	4 (5%)
Albanian	3 (4%)
Arabic	3 (4%)
Hindi	1 (1%)
Kurdish	1 (1%)
Polish	1 (1%)
Portuguese	1 (1%)
Turkish	1 (1%)
Total	**75 (100%)**

Presentation of survey results and analyses

Over the following pages we present the survey results for Campsfield House IRC.

First a full breakdown of responses is provided for each question. In this full breakdown all percentages, including those for filtered questions, refer to the full sample. Percentages have been rounded and therefore may not add up to 100%.

We also present a number of comparative analyses. In all the comparative analyses that follow, statistically significant[13] differences are indicated by shading. Results that are significantly better are indicated by green shading, results that are significantly worse are indicated by blue shading. If the difference is not statistically significant there is no shading. Orange shading has been used to show a statistically significant difference in detainees' background details.

Filtered questions are clearly indented and preceded by an explanation of how the filter has been applied. Percentages for filtered questions refer to the number of respondents filtered to that question. For all other questions, percentages refer to the entire sample. All missing responses have been excluded from analyses.

Percentages shown in the full breakdown may differ slightly from those shown in the comparative analyses. This is because the data has been weighted to enable valid statistical comparison between establishments.

The following comparative analyses are presented:

- The current survey responses from Campsfield House IRC in 2018 compared with responses from detainees surveyed in all other detention centres. This comparator is based on all responses from detainee surveys carried out in seven detention centres since April 2016.
- The current survey responses from Campsfield House IRC in 2018 compared with the responses of detainees surveyed at Campsfield House IRC in 2014.
- A comparison within the 2018 survey between the responses of non-English-speaking detainees with English speaking detainees.

[13] A statistically significant difference between the two samples is one that is unlikely to have arisen by chance alone, and can therefore be assumed to represent a real difference between the two populations. In order to appropriately adjust p-values in light of multiple testing, $p<0.01$ was considered statistically significant for all comparisons undertaken. This means there is only a 1% likelihood that the difference is due to chance.

- A comparison within the 2018 survey between the responses of detainees who consider themselves to have a disability and those who do not consider themselves to have a disability.

Survey summary

Section 1: About you

Q1 Are you male or female?

Male	72 (99%)
Female	1 (1%)

Q2 What is your age?

Under 18	0 (0%)
18-21	0 (0%)
22-29	18 (24%)
30-39	36 (48%)
40-49	16 (21%)
50-59	5 (7%)
60-69	0 (0%)
70 or over	0 (0%)

Q3 What region are you from? (Please tick only one.)

Africa	12 (17%)
North America	0 (0%)
South America	1 (1%)
Indian subcontinent (India, Pakistan, Bangladesh, Sri Lanka)	27 (38%)
China	4 (6%)
Other Asia	13 (18%)
Caribbean	4 (6%)
Europe	6 (8%)
Middle East	5 (7%)

Q4 Do you understand spoken English?

Yes	47 (64%)
No	27 (36%)

Q5 Do you understand written English?

Yes	46 (63%)
No	27 (37%)

Q6 What would you classify, if any, as your religious group?

None	1 (1%)
Church of England	6 (8%)
Catholic	1 (1%)
Protestant	4 (6%)
Other Christian denomination	7 (10%)
Buddhist	12 (17%)
Hindu	5 (7%)
Jewish	0 (0%)
Muslim	29 (41%)
Sikh	6 (8%)

Q7 Do you have a disability?

Yes	14 (19%)
No	59 (81%)

Section 2: Immigration detention

Q8 When being detained, were you told the reasons why in a language you could understand?

Yes	62 (84%)
No	12 (16%)

Q9 Including this centre, how many places have you been held in as an immigration detainee since being detained (*including police stations, airport detention rooms, removal centres, and prison following end of sentence*)?

One to two	54 (76%)
Three to five	13 (18%)
Six or more	4 (6%)

Q10 How long have you been detained in this centre?

Less than 1 week	13 (17%)
More than 1 week less than 1 month	26 (35%)
More than 1 month less than 3 months	28 (37%)
More than 3 months less than 6 months	4 (5%)
More than 6 months less than 9 months	1 (1%)
More than 9 months less than 12 months	1 (1%)
More than 12 months	2 (3%)

Section 3: Transfers and escorts

Q11 Before you arrived here did you receive any written information about what would happen to you in a language you could understand?

Yes	33 (46%)
No	30 (42%)
Do not remember	8 (11%)

Q12 How long did you spend in the escort vehicle to get to this centre on your most recent journey?

Less than one hour	6 (8%)
One to two hours	28 (38%)
Two to four hours	29 (39%)
More than four hours	6 (8%)
Do not remember	5 (7%)

Q13 How did you feel you were treated by the escort staff?

Very well	16 (22%)
Well	35 (47%)
Neither	13 (18%)
Badly	3 (4%)
Very badly	5 (7%)
Do not remember	2 (3%)

Section 4: Reception and first night

Q14 Were you seen by a member of healthcare staff in reception?

Yes	70 (93%)
No	4 (5%)
Do not remember	1 (1%)

Q15 When you were searched in reception, was this carried out in a sensitive way?

Yes	52 (70%)
No	17 (23%)
Do not remember/ Not applicable	5 (7%)

Q16 Overall, how well did you feel you were treated by staff in reception?

Very well	16 (22%)
Well	32 (43%)
Neither	16 (22%)
Badly	3 (4%)
Very badly	5 (7%)
Do not remember	2 (3%)

Q17 On your day of arrival did you receive information about what was going to happen to you?

Yes	39 (53%)
No	27 (36%)
Do not remember	8 (11%)

Q18 On your day of arrival did you receive information about what support was available to you in this centre?

Yes	48 (66%)
No	18 (25%)
Do not remember	7 (10%)

Q19 Was any of this information given to you in a translated form?

Do not need translated material	22 (33%)
Yes	21 (32%)
No	23 (35%)

Q20 On your day of arrival did you get the opportunity to change into clean clothing?

Yes	60 (82%)
No	11 (15%)
Do not remember	2 (3%)

Q21 Did you feel safe on your first night here?

Yes	52 (71%)
No	18 (25%)
Do not remember	3 (4%)

Q22 Did you have any of the following problems when you first arrived here? (Please tick all that apply to you.)

Not had any problems	29 (43%)
Loss of property	2 (3%)
Contacting family	8 (12%)
Access to legal advice	12 (18%)
Feeling depressed or suicidal	20 (30%)
Health problems	19 (28%)

Q23 Did you receive any help/support from any member of staff in dealing with these problems within the first 24 hours?

Not had any problems	29 (46%)
Yes	17 (27%)
No	17 (27%)

Section 5: Legal rights and immigration

Q24 Do you have a lawyer?

Do not need one	1 (1%)
Yes	58 (81%)
No	13 (18%)

Q25 Do you get free legal advice?

Do not need legal advice	7 (10%)
Yes	43 (61%)
No	21 (30%)

Q26 Can you contact your lawyer easily?

Yes	46 (66%)
No	10 (14%)
Do not know/ Not applicable	14 (20%)

Q27 Have you had a visit from your lawyer?

Do not have one	14 (22%)
Yes	24 (38%)
No	26 (41%)

Q28 Can you get legal books in the library?

Yes	26 (36%)
No	15 (21%)
Do not know/ Not applicable	31 (43%)

Q29 How easy or difficult is it for you to obtain bail information?

Very easy	4 (6%)
Easy	24 (33%)
Neither	9 (13%)
Difficult	15 (21%)
Very difficult	13 (18%)
Not applicable	7 (10%)

Q30 Can you get access to official information reports on your country?

Yes	16 (23%)
No	26 (37%)
Do not know/ Not applicable	28 (40%)

Q31 How easy or difficult is it to see the centre's immigration staff when you want?

Do not know/ have not tried	12 (17%)
Very easy	7 (10%)
Easy	18 (25%)
Neither	14 (19%)
Difficult	9 (13%)
Very difficult	12 (17%)

Section 6: Respectful detention

Q32 Can you clean your clothes easily?

Yes	65 (89%)
No	8 (11%)

Q33 Are you normally able to have a shower every day?

Yes	72 (99%)
No	1 (1%)

Q34 Is it normally quiet enough for you to be able to relax or sleep in your room at night time?

Yes	52 (71%)
No	21 (29%)

Q35 Can you normally get access to your property held by staff at the centre if you need to?

Yes	42 (58%)
No	10 (14%)
Do not know	21 (29%)

Q36 What is the food like here?

Very good	5 (7%)
Good	36 (49%)
Neither	16 (22%)
Bad	13 (18%)
Very bad	4 (5%)

Q37 Does the shop sell a wide enough range of goods to meet your needs?

Have not bought anything yet	7 (10%)
Yes	40 (56%)
No	25 (35%)

Q38 Do you feel that your religious beliefs are respected?

Yes	58 (82%)
No	9 (13%)
Not applicable	4 (6%)

Q39 Are you able to speak to a religious leader of your faith in private if you want to?

Yes	45 (62%)
No	10 (14%)
Do not know/ Not applicable	18 (25%)

Q40 How easy or difficult is it to get a complaint form?

Very easy	11 (15%)
Easy	25 (34%)
Neither	3 (4%)
Difficult	5 (7%)
Very difficult	2 (3%)
Do not know	27 (37%)

Q41 Have you made a complaint since you have been at this centre?

Yes	10 (14%)
No	52 (72%)
Do not know how to	10 (14%)

Q42 If yes, do you feel complaints are sorted out fairly?

Yes	1 (1%)
No	9 (13%)
Not made a complaint	62 (86%)

Section 7: Staff

Q43 Do you have a member of staff at the centre that you can turn to for help if you have a problem?

Yes	49 (69%)
No	22 (31%)

Q44 Do most staff at the centre treat you with respect?

Yes	55 (80%)
No	14 (20%)

Q45 Have any members of staff physically restrained you (C and R) in the last six months?

Yes	12 (17%)
No	58 (83%)

Q46 Have you spent a night in the separation/isolation unit in the last six months?

Yes	12 (18%)
No	56 (82%)

Section 8: Safety

Q47 Do you feel unsafe in this centre?

Yes	29 (41%)
No	42 (59%)

Q48 Has another detainee or group of detainees victimised (insulted or assaulted) you here?

Yes	9 (13%)
No	59 (87%)

Q49 If you have felt victimised by a detainee/group of detainees, what did the incident(s) involve? (Please tick all that apply to you.)

Physical abuse (being hit, kicked or assaulted)	3 (4%)
Because of your nationality	5 (7%)
Having your property taken	2 (3%)
Drugs	2 (3%)
Because you have a disability	1 (1%)
Because of your religion/religious beliefs	1 (1%)

Q50 Has a member of staff or group of staff victimised (insulted or assaulted) you here?

Yes	8 (14%)
No	51 (86%)

Q51 If you have felt victimised by a member of staff/group of staff, what did the incident(s) involve? (Please tick all that apply to you.)

Physical abuse (being hit, kicked or assaulted)	4 (7%)
Because of your nationality	4 (7%)
Drugs	1 (2%)
Because you have a disability	1 (2%)
Because of your religion/religious beliefs	1 (2%)

Q52 If you have been victimised by detainees or staff, did you report it?

Yes	5 (8%)
No	8 (14%)
Not been victimised	46 (78%)

Q53 Have you ever felt threatened or intimidated by another detainee/group of detainees in here?

Yes	7 (11%)
No	54 (89%)

Q54 Have you ever felt threatened or intimidated by a member of staff in here?

Yes	6 (10%)
No	55 (90%)

Section 9: Healthcare

Q56 Is health information available in your own language?

Yes	35 (49%)
No	19 (27%)
Do not know	17 (24%)

Q57 Is a qualified interpreter available if you need one during healthcare assessments?

Do not need an interpreter/ Do not know	32 (48%)
Yes	21 (31%)
No	14 (21%)

Q58 Are you currently taking medication?

Yes	38 (56%)
No	30 (44%)

Q59 What do you think of the overall quality of the healthcare here?

Have not been to healthcare	13 (19%)
Very good	8 (11%)
Good	25 (36%)
Neither	8 (11%)
Bad	9 (13%)
Very bad	7 (10%)

Section 10: Activities

Q60 Are you doing any education here?

Yes	16 (23%)
No	55 (77%)

Q61 Is the education helpful?

Not doing any education	55 (77%)
Yes	16 (23%)
No	0 (0%)

Q62 Can you work here if you want to?

Do not want to work	7 (10%)
Yes	51 (75%)
No	10 (15%)

Q63 Is there enough to do here to fill your time?

Yes	48 (72%)
No	19 (28%)

Q64 How easy or difficult is it to go to the library?

Do not know/ Do not want to go	7 (10%)
Very easy	30 (42%)
Easy	25 (35%)
Neither	9 (13%)
Difficult	0 (0%)
Very difficult	0 (0%)

Q65 How easy or difficult is it to go to the gym?

Do not know/ Do not want to go	6 (9%)
Very easy	30 (43%)
Easy	27 (39%)
Neither	7 (10%)
Difficult	0 (0%)
Very difficult	0 (0%)

Section 11: Keeping in touch with family and friends

Q66 How easy or difficult is it to use the phone?

Do not know/ Have not tried	1 (1%)
Very easy	26 (37%)
Easy	35 (50%)
Neither	7 (10%)
Difficult	1 (1%)
Very difficult	0 (0%)

Q67 Have you had any problems with sending or receiving mail?

Yes	6 (9%)
No	45 (64%)
Do not know	19 (27%)

Q68 Have you had a visit since you have been here from your family or friends?

Yes	25 (37%)
No	42 (63%)

Q69 How did staff in the visits area treat you?

Not had any visits	19 (29%)
Very well	18 (27%)
Well	23 (35%)
Neither	5 (8%)
Badly	0 (0%)
Very badly	1 (2%)

Section 12: Resettlement

Q70 Do you feel that any member of staff has helped you to prepare for your release?

Yes	11 (18%)
No	50 (82%)

Detainee survey responses: Campsfield House IRC 2018

Detainee survey responses (missing data have been excluded for each question). Please note: where there are apparently large differences, which are not indicated as statistically significant, this is likely to be due to chance.

Key to tables

	Any percentage highlighted in green is significantly better
	Any percentage highlighted in blue is significantly worse
	Any percentage highlighted in orange shows a significant difference in detainees' background details
	Percentages which are not highlighted show there is no significant difference

		Campsfield House IRC 2018	IRC comparator	Campsfield House IRC 2018	Campsfield House IRC 2014
Number of completed questionnaires returned		75	929	75	116
SECTION 1: General information					
1	Are you male?	99%	77%	99%	98%
2	Are you aged 21 years or under?	0%	7%	0%	8%
4	Do you understand spoken English?	64%	79%	64%	81%
5	Do you understand written English?	63%	73%	63%	77%
6	Are you Muslim?	41%	39%	41%	44%
7	Do you have a disability?	19%	14%	19%	6%
SECTION 2: Immigration detention					
8	When being detained, were you told the reasons why in a language you could understand?	84%	74%	84%	80%
9	Including this centre, have you been held in six or more places as an immigration detainee since being detained?	6%	5%	6%	5%
10	Have you been detained in this centre for more than one month?	48%	59%	48%	41%
SECTION 3: Transfers and escorts					
11	Before you arrived here did you receive any written information about what would happen to you in a language you could understand?	47%	40%	47%	57%
12	Did you spend more than four hours in the escort van to get to this centre?	8%	27%	8%	11%
13	Were you treated well/very well by the escort staff?	69%	62%	69%	74%
SECTION 4: Reception and first night					
14	Were you seen by a member of health care staff in reception?	93%	86%	93%	93%
15	When you were searched in reception was this carried out in a sensitive way?	70%	61%	70%	61%
16	Were you treated well/very well by staff in reception?	65%	60%	65%	81%
17	Did you receive information about what was going to happen to you on your day of arrival?	53%	36%	53%	59%
18	Did you receive information about what support was available to you in this centre on your day of arrival?	66%	39%	66%	72%
For those who required information in a translated form:					
19	Was any of this information provided in a translated form?	48%	25%	48%	48%
20	Did you get the opportunity to change into clean clothing on your day of arrival?	82%	66%	82%	90%
21	Did you feel safe on your first night here?	71%	45%	71%	70%
22a	Did you have any problems when you first arrived?	57%	75%	57%	42%
22b	Did you have any problems with loss of transferred property when you first arrived?	3%	12%	3%	8%
22c	Did you have any problems contacting family when you first arrived?	12%	17%	12%	10%

Main comparator and comparator to last time

Key to tables

	Any percentage highlighted in green is significantly better	Campsfield House IRC 2018	IRC comparator	Campsfield House IRC 2018	Campsfield House IRC 2014
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in detainees' background details				
	Percentages which are not highlighted show there is no significant difference				
SECTION 4: Reception and first night continued					
22d	Did you have any problems accessing legal advice when you first arrived?	**18%**	**17%**	**18%**	**9%**
22e	Did you have any problems with feeling depressed or suicidal when you first arrived?	**30%**	**45%**	**30%**	**21%**
22f	Did you have any health problems when you first arrived?	**28%**	**38%**	**28%**	**12%**
For those who had problems on arrival:					
23	Did you receive any help/support from any member of staff in dealing with these problems within the first 24 hours?	**50%**	**31%**	**50%**	**57%**
SECTION 5: Legal rights and immigration					
24	Do you have a lawyer?	**81%**	**75%**	**81%**	**69%**
For those who have a lawyer:					
26	Can you contact your lawyer easily?	**82%**	**76%**	**82%**	**79%**
27	Have you had a visit from your lawyer?	**48%**	**45%**	**48%**	**36%**
25	Do you get free legal advice?	**61%**	**43%**	**61%**	**44%**
28	Can you get legal books in the library?	**36%**	**46%**	**36%**	**56%**
29	Is it easy/very easy for you to obtain bail information?	**39%**	**30%**	**39%**	**40%**
30	Can you get access to official information reports on your country?	**23%**	**17%**	**23%**	**31%**
31	Is it easy/very easy to see this centre's immigration staff when you want?	**35%**	**26%**	**35%**	**54%**
SECTION 6: Respectful detention					
32	Can you clean your clothes easily?	**89%**	**82%**	**89%**	**80%**
33	Are you normally able to have a shower every day?	**99%**	**93%**	**99%**	**96%**
34	Is it normally quiet enough for you to be able to sleep in your room at night?	**71%**	**53%**	**71%**	**73%**
35	Can you normally get access to your property held by staff at the centre, if you need to?	**58%**	**45%**	**58%**	**71%**
36	Is the food good/very good?	**55%**	**25%**	**55%**	**57%**
37	Does the shop sell a wide enough range of goods to meet your needs?	**56%**	**39%**	**56%**	**67%**
38	Do you feel that your religious beliefs are respected?	**82%**	**73%**	**82%**	**89%**
39	Are you able to speak to a religious leader of your own faith if you want to?	**62%**	**50%**	**62%**	**75%**
40	Is it easy/very easy to get a complaint form?	**49%**	**47%**	**49%**	**54%**
41	Have you made a complaint since you have been at this centre?	**14%**	**24%**	**14%**	**12%**
For those who have made a complaint:					
42	Do you feel complaints are sorted out fairly?	**10%**	**23%**	**10%**	**64%**

Main comparator and comparator to last time

Key to tables

	Any percentage highlighted in green is significantly better	Campsfield House IRC 2018	IRC comparator		Campsfield House IRC 2018	Campsfield House IRC 2014
	Any percentage highlighted in blue is significantly worse					
	Any percentage highlighted in orange shows a significant difference in detainees' background details					
	Percentages which are not highlighted show there is no significant difference					
SECTION 7: Staff						
43	Do you have a member of staff you can turn to for help if you have a problem?	**69%**	**63%**		**69%**	**81%**
44	Do most staff treat you with respect?	**80%**	**72%**		**80%**	**90%**
45	Have any members of staff physically restrained you in the last six months?	**17%**	**9%**		**17%**	**8%**
46	Have you spent a night in the segregation unit in the last six months?	**18%**	**12%**		**18%**	**8%**
SECTION 8: Safety						
47	Do you feel unsafe in this centre?	**41%**	**44%**		**41%**	**19%**
48	Has another detainee or group of detainees victimised (insulted or assaulted) you here?	**13%**	**22%**		**13%**	**14%**
49a	Have you been hit, kicked or assaulted since you have been here? (By detainees)	**4%**	**6%**		**4%**	**1%**
49b	Have you been victimised because of your nationality since you have been here? (By detainees)	**7%**	**6%**		**7%**	**5%**
49c	Have you ever had your property taken since you have been here? (By detainees)	**3%**	**4%**		**3%**	**1%**
49d	Have you been victimised because of drugs since you have been here? (By detainees)	**3%**	**4%**		**3%**	**1%**
49e	Have you ever been victimised here because you have a disability? (By detainees)	**2%**	**1%**		**2%**	**1%**
49f	Have you ever been victimised here because of your religion/religious beliefs? (By detainees)	**2%**	**3%**		**2%**	**2%**
50	Has a member of staff or group of staff victimised (insulted or assaulted) you here?	**15%**	**19%**		**15%**	**11%**
51a	Have you been hit, kicked or assaulted since you have been here? (By staff)	**7%**	**4%**		**7%**	**0%**
51b	Have you been victimised because of your nationality since you have been here? (By staff)	**7%**	**7%**		**7%**	**2%**
51c	Have you been victimised because of drugs since you have been here? (By staff)	**2%**	**2%**		**2%**	**1%**
51d	Have you ever been victimised here because you have a disability? (By staff)	**2%**	**2%**		**2%**	**1%**
51e	Have you ever been victimised here because of your religion/religious beliefs? (By staff)	**2%**	**2%**		**2%**	**4%**
For those who have been victimised by detainees or staff:						
52	Did you report it?	**39%**	**40%**		**39%**	**46%**
53	Have you ever felt threatened or intimidated by another detainee/group of detainees in here?	**12%**	**18%**		**12%**	**5%**
54	Have you ever felt threatened or intimidated by a member of staff in here?	**10%**	**14%**		**10%**	**5%**

Main comparator and comparator to last time

Key to tables

		Campsfield House IRC 2018	IRC comparator	Campsfield House IRC 2018	Campsfield House IRC 2014
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in detainees' background details				
	Percentages which are not highlighted show there is no significant difference				
SECTION 9: Health services					
56	Is health information available in your own language?	**49%**	**34%**	**49%**	**44%**
57	Is a qualified interpreter available if you need one during health care assessments?	**31%**	**22%**	**31%**	**19%**
58	Are you currently taking medication?	**56%**	**48%**	**56%**	**34%**
For those who have been to health care:					
59	Do you think the overall quality of health care in this centre is good/very good?	**58%**	**33%**	**58%**	**57%**
SECTION 10: Activities					
60	Are you doing any education here?	**23%**	**16%**	**23%**	**27%**
For those doing education here:					
61	Is the education helpful?	**100%**	**95%**	**100%**	**100%**
62	Can you work here if you want to?	**75%**	**53%**	**75%**	**69%**
63	Is there enough to do here to fill your time?	**72%**	**44%**	**72%**	**76%**
64	Is it easy/very easy to go to the library?	**78%**	**76%**	**78%**	**84%**
65	Is it easy/very easy to go to the gym?	**81%**	**69%**	**81%**	**78%**
SECTION 11: Keeping in touch with family and friends					
66	Is it easy/very easy to use the phone?	**87%**	**67%**	**87%**	**67%**
67	Have you had any problems with sending or receiving mail?	**9%**	**25%**	**9%**	**11%**
68	Have you had a visit since you have been in here from your family or friends?	**37%**	**50%**	**37%**	**46%**
For those who have had visits:					
69	Do you feel you are treated well/very well by staff in the visits area?	**87%**	**68%**	**87%**	**89%**
SECTION 12: Resettlement					
70	Has any member of staff helped you to prepare for your release?	**18%**	**10%**	**18%**	**30%**

Key questions (non-English speakers) Campsfield House IRC 2018

Detainee survey responses (missing data have been excluded for each question). Please note: where there are apparently large differences, which are not indicated as statistically significant, this is likely to be due to chance.

Key to tables

	Any percentage highlighted in green is significantly better	Non-English speakers	English speakers
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in detainees' background details		
	Percentages which are not highlighted show there is no significant difference		
Number of completed questionnaires returned		27	47
8	When being detained, were you told the reasons why in a language you could understand?	**82%**	**85%**
9	Including this centre, have you been held in six or more places as an immigration detainee since being detained?	**8%**	**5%**
10	Have you been in this centre for more than one month?	**30%**	**57%**
11	Before you arrived here did you receive any written information about what would happen to you in a language you could understand?	**39%**	**50%**
13	Were you treated well/very well by the escort staff?	**59%**	**76%**
16	Were you treated well/very well by staff in reception?	**48%**	**76%**
17	Did you receive information about what was going to happen to you on your day of arrival?	**41%**	**59%**
18	Did you receive information about what support was available to you on your day of arrival?	**62%**	**70%**
21	Did you feel safe on your first night here?	**70%**	**73%**
22	Did you have any problems when you first arrived?	**58%**	**55%**
24	Do you have a lawyer?	**78%**	**82%**
31	Is it easy/very easy to see the centre's immigration staff when you want?	**30%**	**39%**
32	Can you clean your clothes easily?	**85%**	**91%**
33	Are you normally able to have a shower every day?	**100%**	**98%**
40	Is it easy/very easy to get a complaint form?	**50%**	**50%**
41	Have you made a complaint since you have been at this centre?	**12%**	**16%**
43	Do you have a member of staff you can turn to for help if you have a problem?	**68%**	**71%**
44	Do most staff treat you with respect?	**71%**	**86%**
47	Do you feel unsafe in this centre?	**52%**	**35%**
48	Has another detainee or group of detainees victimised (insulted or assaulted) you here?	**12%**	**12%**
50	Has a member of staff or group of staff victimised (insulted or assaulted) you here?	**5%**	**18%**

Key to tables

	Any percentage highlighted in green is significantly better	Non-English speakers	English speakers
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in detainees' background details		
	Percentages which are not highlighted show there is no significant difference		
53	Have you ever felt threatened or intimidated by another detainee/group of detainees in here?	**10%**	**13%**
54	Have you ever felt threatened or intimidated by a member of staff in here?	**5%**	**13%**
56	Is health information available in your own language?	**39%**	**57%**
57	Is a qualified interpreter available if you need one during health care assessments?	**42%**	**26%**
60	Are you doing any education here?	**12%**	**29%**
62	Can you work here if you want to?	**56%**	**86%**
63	Is there enough to do here to fill your time?	**92%**	**60%**
64	Is it easy/very easy to go to the library?	**62%**	**89%**
65	Is it easy/very easy to go to the gym?	**80%**	**84%**
66	Is it easy/very easy to use the phone?	**76%**	**93%**
67	Have you had any problems with sending or receiving mail?	**12%**	**7%**
68	Have you had a visit since you have been in here from your family or friends?	**17%**	**50%**
70	Has any member of staff helped you to prepare for your release?	**19%**	**18%**

Diversity analysis - Disability

Key question responses (disability analysis) Campsfield House IRC 2018

Detainee survey responses (missing data have been excluded for each question). Please note: where there are apparently large differences, which are not indicated as statistically significant, this is likely to be due to chance.

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in detainees' background details		
	Percentages which are not highlighted show there is no significant difference		
Number of completed questionnaires returned		14	59
4	Do you understand spoken English?	**31%**	**71%**
9	Including this centre, have you been held in six or more places as an immigration detainee since being detained?	**8%**	**4%**
10	Have you been in this centre for more than one month?	**21%**	**53%**
13	Were you treated well/very well by the escort staff?	**71%**	**71%**
14	Were you seen by a member of health care staff in reception?	**100%**	**92%**
15	When you were searched in reception was this carried out in a sensitive way?	**92%**	**66%**
16	Were you treated well/very well by staff in reception?	**54%**	**68%**
21	Did you feel safe on your first night here?	**46%**	**76%**
22a	Did you have any problems when you first arrived?	**75%**	**53%**
22f	Did you have any health problems when you first arrived?	**42%**	**25%**
24	Do you have a lawyer?	**83%**	**81%**
31	Is it easy/very easy to see this centre's immigration staff when you want?	**39%**	**35%**
32	Can you clean your clothes easily?	**100%**	**86%**
33	Are you normally able to have a shower every day?	**100%**	**98%**
40	Is it easy/very easy to get a complaint form?	**67%**	**46%**
41	Have you made a complaint since you have been at this centre?	**17%**	**12%**
43	Do you have a member of staff you can turn to for help if you have a problem?	**73%**	**71%**
44	Do most staff treat you with respect?	**75%**	**82%**
45	Have any members of staff physically restrained you in the last six months?	**18%**	**18%**
46	Have you spent a night in the segregation unit in the last six months?	**36%**	**15%**
47	Do you feel unsafe in this centre?	**39%**	**39%**

Diversity analysis - Disability

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in detainees' background details		
	Percentages which are not highlighted show there is no significant difference		
48	Has another detainee or group of detainees victimised (insulted or assaulted) you here?	**27%**	**11%**
50	Has a member of staff or group of staff victimised (insulted or assaulted) you here?	**18%**	**15%**
53	Have you ever felt threatened or intimidated by another detainee/group of detainees in here?	**15%**	**11%**
54	Have you ever felt threatened or intimidated by a member of staff in here?	**17%**	**9%**
57	Is a qualified interpreter available if you need one during health care assessments?	**46%**	**30%**
58	Are you currently taking medication?	**46%**	**60%**
60	Are you doing any education here?	**9%**	**26%**
63	Is there enough to do here to fill your time?	**90%**	**69%**
64	Is it easy/very easy to go to the library?	**75%**	**77%**
65	Is it easy/very easy to go to the gym?	**82%**	**81%**
66	Is it easy/very easy to use the phone?	**100%**	**84%**
67	Have you had any problems with sending or receiving mail?	**0%**	**11%**
68	Have you had a visit since you have been in here from your family or friends?	**40%**	**36%**
70	Has any member of staff helped you to prepare for your release?	**13%**	**18%**



HM Inspectorate of Prisons is a member of the UK's National Preventive Mechanism, a group of organisations which independently monitor all places of detention to meet the requirements of international human rights law.

