

Report on an unannounced inspection of

Colnbrook

Immigration Removal Centre

19 November – 7 December 2018

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by HM Chief Inspector of Prisons

19 November–7 December 2018

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



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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

Colnbrook is an immigration removal centre (IRC) in Harmondsworth, west London, adjacent to Heathrow Airport. It originally opened in 2004, and was managed by Serco until Mitie Care and Custody took over the contract on 1 September 2014. In line with other IRCs, Colnbrook's population has dropped significantly. At the time of the inspection, the centre held 246 detainees, down from around 340 at the previous inspection in 2016.

There had been uneven progress since our last inspection. It was encouraging to see that whistle-blowing procedures were well embedded and the duty of care that staff have towards detainees was well understood. Detainees' personal physical safety was generally good and there was a calm atmosphere in the centre. However, despite the emphasis the Home Office has placed on implementing the adults at risk policy, there was poor identification of, and therefore uncertain care for, some of the most vulnerable groups. The centre did not have full information on detainees at risk of harm under the policy and we could not therefore be assured that they were given proper support. Rule 35 reports were rarely submitted for detainees who were suicidal or had serious health conditions, thereby reducing safeguards. Although assessment, care in detention and teamwork case management of detainees at risk of suicide and self-harm (ACDT) procedures were carried out well, self-harm had risen more than threefold.

Some elements of security were excessive. The vast majority of detainees attending external escorts were handcuffed without sufficient justification, and detainees on the men's units were locked in cells for long periods. Women were not locked in rooms and had improved access to activities. They reported more positively on most aspects of the centre than men.

One of the most significant improvements was in staff-detainee relationships and in the area of respect in general. In our survey, 81% of detainees said that most staff treated them with respect compared to 54% at our last inspection. Our in-depth interviews with detainees were also mostly positive about the level of respect and care from Mitie and Home Office staff. While some aspects of health care remained underdeveloped, such as governance and services for those with low-level mental health needs, the previous chronic staff shortages were being alleviated and the overall service was now reasonable. Some provision, such as the very good cultural kitchen, had been further improved. There remained considerable problems with deteriorating accommodation and significant investment will be needed to improve the fabric of the centre. There will need to be careful oversight to ensure that the prospect of a new facility nearby does not deter investment in the fabric of the existing building to the point where conditions become unacceptable. Meanwhile, uneven standards of cleanliness across the centre should have been addressed more rigorously.

Activities were reasonably good overall, but the continuing practice by the Home Office of preventing detainees from participating in work if they were deemed to be not complying with attempts to remove them from the UK was interfering with the centre's ability to manage the population effectively. In the first 11 months of 2018, well over 200 detainees had either been refused or even removed from work which they had already started, causing considerable frustration. Preparation for release and removal had room for improvement but remained a good area overall. The strong welfare team and good NGO (non-governmental organisations) involvement in the centre were particularly commendable.

One of the intractable problems at Colnbrook is that, with the exception of the women's unit, the centre is largely indistinguishable from a prison, and prisons are rarely suitable environments for immigration detainees held under administrative as opposed to judicial powers. It was notable that some of the most vociferous critics of the prison-like feel of the centre were the staff who worked there and who, on the whole, did a very good job of looking after detainees with decency and care. The Home Office is planning to build a new centre to replace Colnbrook, and the neighbouring Harmondsworth, when the new Heathrow runway is constructed. It is to be hoped that the design

problems of Colnbrook, including poor ventilation and sealed windows, limited outdoor space and exercise yards that would be austere for most prisons, will be avoided in the future. In the meantime, managers and staff were working hard to make improvements within the confines of the current environment and told us that the gaps in the systems for identifying and supporting vulnerable detainees would be quickly addressed.

Peter Clarke CVO OBE QPM February 2019
HM Chief Inspector of Prisons

Fact page

Task of the establishment
To detain men and women subject to immigration control.

Certified normal accommodation and operational capacity
Detainees held at the time of inspection: 246
Baseline certified normal capacity: 339
In-use certified normal capacity: 339
Operational capacity: 339

Notable features from this inspection

An average of 124 detainees arrived each week during the previous six months.

In our survey, 81% of detainees said most staff were respectful, significantly higher than at the last inspection (54%).

In the previous six months, 190 rule 35 reports had been written and 16% had led to release.

The average total length of detention for detainees at Colnbrook at the time of our inspection was 75 days, longer than we have seen in other immigration removal centres.

Fewer detainees were held for prolonged periods than at our last inspection, but seven had been held for more than a year, two of whom had been in detention for over two years.

During the previous six months, 2,965 detainees had left the centre, 58% of whom had been removed from the UK, 19% transferred to another immigration removal centre and 23% released into the community.

Name of contractor
Care & Custody (Mitie group)

Key providers
Escort provider: Mitie Care & Custody Escorting Services
Health service commissioner and providers: NHS England (London)
Central and North West London NHS Foundation Trust (primary physical, mental health and substance use services)
Kent Community Health Foundation Trust (dental services)
Langley Medical Practice (GP services)
Learning and skills providers: Open College Network

Oxford Cambridge and RSA (part of the Cambridge University Group)

Location
Harmondsworth, West Drayton

Brief history
Colnbrook immigration removal centre opened in 2004. It was managed by Serco until 1 September 2014 when Mitie Care & Custody took over the operation of both Colnbrook and Harmondsworth.

Short description of residential units
Colnbrook houses both men and a small number of women. Men are housed in four identical residential units – Alpha, Bravo, Charlie, Delta and Echo – each with shared rooms over three landings. Women are accommodated in the separate 27-bed Sahara unit. Colnbrook also has an induction unit and 16-bed care and separation unit. Colnbrook now has a purpose-built six-bed care suite that houses detainees who are deemed to be in crisis and require time out from the normal regime.

Name of centre manager
Paul Rennie

Independent Monitoring Board chair
Tony Swabe

Last inspection
29 February – 11 March 2016

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 We also offer every detainee a confidential interview with an inspector (see Appendix V). In Colnbrook. Forty took up this offer. Where necessary, these interviews were conducted with the help of professional interpreting. We issued an invitation to recent ex-detainees to speak to us through various support groups, and a further two detainees took up this offer. The total number of detainees interviewed was therefore 42.

A10 We interviewed 42 centre staff working in operational roles. They included detainee custody officers, health services staff and staff in the Home Office Pre-departure (subsequently renamed Detention Engagement) teams and Compliance teams. In addition, we issued an electronic staff survey over the same period, which elicited 51 responses. All responses were

anonymous and some of the survey respondents and interviewees might have been the same people. The staff survey responses and interview responses are reported together in Appendix VII.

A11 The interviews with both detainees and staff were semi-structured, and took place from 19-27 November 2018. The main objective of this methodology is to give detainees and staff an opportunity to tell inspectors confidentially about concerns over safety and the treatment of detainees. We follow up serious allegations whenever there is sufficient information to do so, and report on relevant outcomes in the main body of the report. The results of these further interviews and survey are used as sources of evidence to inform the rounded judgements made by inspectors in the body of this report.

A12 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.

A13 All inspections of immigration removal centres are conducted jointly with 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

A14 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, housekeeping points 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.

A15 Details of the inspection team and the detainee population profile can be found in Appendices I and IV respectively.

A16 Findings from the survey of detainees and a detailed description of the survey methodology can be found in Appendix V of this report. Please note that we only refer to comparisons with other comparable establishments or previous inspections when these are statistically significant. [1]

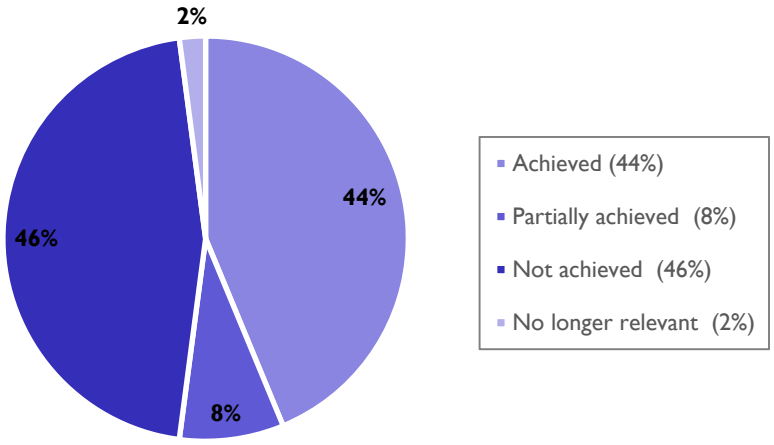
[1] The significance level is set at 0.01, which means that there is only a 1% chance that the difference in results is due to chance.

Summary

S1 We last inspected Colnbrook IRC in 2016 and made 48 recommendations overall. The centre fully accepted 31 of the recommendations and partially or subject to resources accepted 12. It rejected five of the recommendations.

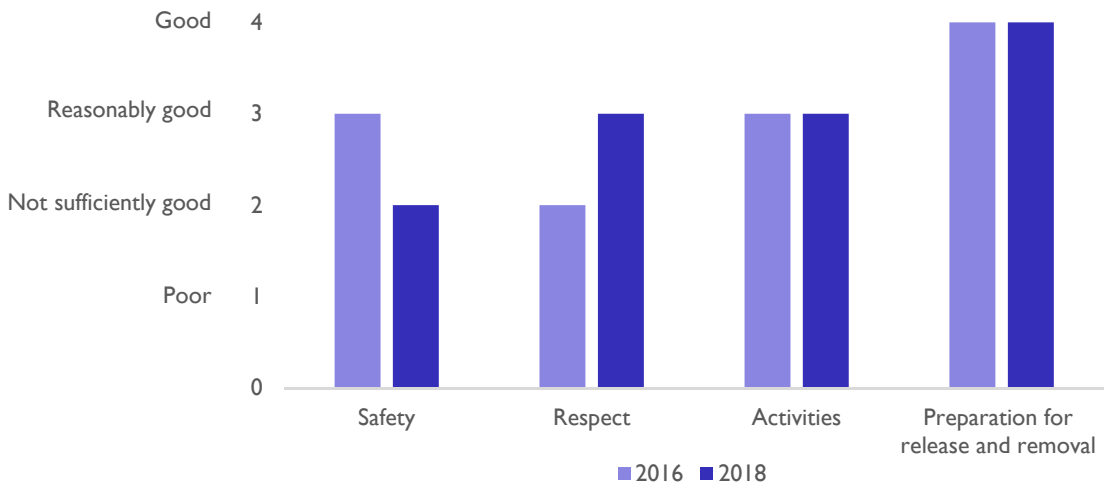
S2 At this follow up inspection we found that the centre had achieved 21 of those recommendations, partially achieved four recommendations and not achieved 22 recommendations. One recommendation was no longer relevant.

Figure 1: Colnbrook IRC progress on recommendations from last inspection (n=48)



S3 Since our last inspection outcomes for detainees stayed the same in the healthy establishment areas of activities and preparation for release and removal. Safety had declined and respect had improved. Outcomes for detainees were good for preparation for release and removal and reasonably good for respect and activities. Outcomes were not sufficiently good for safety.

Figure 2: Colnbrook IRC healthy establishment outcomes 2016 and 2018



Safety

S4 *Initial risk assessment and induction processes were not sufficiently thorough. Levels of violence were low and the centre had a calm atmosphere. Self-harm had increased substantially. Support for those on ACDT[2] was generally good. The environment remained prison-like and unsuitable for a detainee population. Detainees spent long periods unnecessarily locked in rooms. Procedural security was reasonable overall. While availability of drugs was being addressed, there was no coordinated drug strategy. Vulnerable adults were not sufficiently well identified. Rule 35 was rarely used for cases that did not involve torture, and most of those with evidence of experience of torture had detention maintained. Use of force was proportionate in the cases we saw, but there was very little video-recording of incidents. Governance was generally good. Separation had been used for people with serious mental health problems who should not have been in detention. There were still too many instances of prolonged detention, including cases where detainees were granted bail but were not released because of a lack of accommodation. There were sufficient legal advice surgeries but there was evidence of questionable levels of service by some solicitors' firms.* ***Outcomes for detainees were not sufficiently good against this healthy establishment test.***

S5 *At the last inspection in 2016, we found that outcomes for detainees in Colnbrook Immigration Removal Centre were reasonably good against this healthy establishment test. We made 14 recommendations about safety. At this follow-up inspection we found that four of the recommendations had been achieved, two had been partially achieved and eight had not been achieved.*

S6 Long escort journeys were uncommon. Vans were in good condition, but carried only a limited range of light refreshments, such as crisps, but not sandwiches or any similarly substantial food. There were some long waits outside reception. About a third of detainees continued to arrive overnight for reasons of operational convenience. The reception area was spacious and well furnished, but not everyone had a private interview on the day of arrival. Detainees with limited or no English did not always receive adequate information. Detainees were given adequate safety checks on their first night but the accommodation and bedding on the induction unit were in very poor condition. The induction process was brief and did not sufficiently engage or inform detainees. Key departments did not take the opportunity to introduce themselves to new arrivals. The video material was not available in all common languages.

S7 Almost half the detainees in our survey said they felt unsafe. In our detainee interviews, it emerged that fears about safety stemmed mainly from factors such as fear of removal, immigration status, lengthy and open-ended detention and the availability of drugs in the centre. No interviewed detainees said they had been assaulted by staff, although one said he had been assaulted by another detainee. There had been 21 recorded assaults on detainees by other detainees in the previous six months. All incidents were minor. However, alleged incidents were not investigated thoroughly or followed through adequately. Neither detainees nor staff were aware of anti-bullying and violence reduction systems. Not all recommendations following a Prisons and Probation Ombudsman investigation into a homicide at the centre in 2016 had been achieved.

S8 There had been failures of communication on adults at risk. Mitie did not have an up-to-date record of adults at risk and could not therefore provide targeted support to all vulnerable detainees. Home Office records showed 40 detainees at the two higher levels of risk, whereas Mitie only had a record of 21. Where vulnerable adult care plans had been opened

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

by Mitie, the level of support for detainees was generally good. There was good input at weekly complex case meetings from Home Office and health care staff, but poor recent attendance by Mitie staff, who also did not receive the minutes. Meetings were well focused on detainee vulnerabilities. Only 16% of detainees were released because of a Rule 35 report. Almost all Rule 35 reports involved torture. We saw cases where the Home Office was kept well informed of detainees with mental health needs by a proactive psychiatrist. Rule 35 reports were not submitted in these cases so that some of the most vulnerable detainees were deprived of an important safeguard. Our staff interviews suggested a reasonably good understanding of and willingness to use whistle-blowing procedures, but two staff (out of 42 interviewed) said they would not use whistle-blowing because they did not believe confidentiality would be respected.

S9 The number of self-harm incidents had risen very substantially since the previous inspection. ACDT processes supported detainees well, but Home Office and activities staff were not sufficiently involved. Most detainees' issues were directly related to frustrations about their case. The care suite was a very good environment for those in crisis, apart from the lack of privacy in the rooms. Greater input from health care and other staff would have supported more effective use of this facility.

S10 Age had been disputed in three cases in the preceding six months. In two cases the detainees were confirmed promptly as being adults. In the third, detention was maintained for almost two weeks without a Merton-compliant[3] age assessment, before the detainee was released to social services. Care planning for disputed minors was poor. There had been inadequate supervision of some detainees who could have presented risks to children in visits and around the centre.

S11 The environment remained too secure and prison-like. Freedom of movement, at around eight hours, was poor. Locking detainees in cells for long periods was unacceptable for a detainee population. Intelligence was managed well; reports were processed and disseminated quickly. The monthly security meetings considered detailed information which led to some useful actions. However, managers had not developed an overarching security strategy for the centre and many staff were unclear about key risks. Handcuffing during external escorts was not always necessary or justified. Home Office and Mitie managers assured us they were now addressing this problem, although this action was long overdue. Seventeen strip-searches had been undertaken in the previous six months; all were on the basis of intelligence and all of those we examined were justified. Many detainees in our interviews mentioned the availability of drugs, including NPS[4], as a significant problem in the centre, although few said they had personally experienced victimisation by other detainees as a result. There was reasonable work to identify and manage drug misuse, but no coordinated drug strategy. The itemiser, which had identified a significant number of drugs, was no longer in use.

S12 Force had been used 76 times in the previous six months. It had been properly justified in most of the cases we examined, and was usually low level, for example involving guiding holds. In our confidential staff and detainee interviews, no one said they had seen excessive use of force in the centre. Videos that we reviewed showed that force was generally proportionate and there were some good examples of staff being patient and using de-escalation well. Managers had also picked up examples of questionable use of force through quality assurance and addressed them with the staff involved. However, few planned incidents were recorded and we found no recording of spontaneous incidents. This limited

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[3] The standard social services conducted age assessment.

[4] Generally refers to synthetic cannabinoids, a growing number of man- made mind-altering chemicals that are either sprayed on dried, shredded plant material or paper so they can be smoked or sold as liquids to be vaporised and inhaled in e-cigarettes and other devices.

accountability. We were told that body-worn cameras were being purchased to remedy the problem.

S13 In the previous six months, there had been 100 uses of separation. The average length of time in separation was high at 61 hours, but in the cases we examined, the initial separation was justified. Governance of separation was generally good. The unit had held some challenging detainees who posed risks to others in the centre for long periods. Some had serious mental health problems and should not have been in detention at all.

S14 Detainees had reasonable access to legal aid surgeries. However, some of the new representatives providing this service had been seeing a large number of detainees for less than the allotted time, potentially affecting the quality of provision. We were pleased to see that this issue was being addressed directly with the Legal Aid Agency by Mitie and Home Office managers.

S15 Home Office pre-departure teams were a good initiative to improve contact with on-site immigration staff'. However, only 31% of detainees in our survey said it was easy to see the Home Office staff. Detainees could maintain good contact with solicitors by fax, phone and email, and had access to relevant legal websites. Fewer detainees were held for prolonged periods than at our last inspection but seven had been held for more than a year, two of whom had been in detention for over two years, which was unacceptably long. Our detainee interviews suggested that open-ended detention remained a major factor affecting their feelings of safety and wellbeing. Some detainees had been held in detention despite being granted bail because of a lack of accommodation. The scale of this problem was not monitored by the Home Office.

Respect

S16 Detainees were very positive about the way they were treated by staff. The accommodation was in a generally grubby condition. Equality and diversity work was underdeveloped but improving. Professional interpreting was underused. Faith provision was reasonable. Complaints were managed well. Detainees were critical of the quality of food, which lacked variety. The cultural kitchen was a very good resource. Health care provision had improved and was reasonably good overall. However, there were some shortcomings in governance and provision for those with low-level mental health needs. ***Outcomes for detainees were reasonably good against this healthy establishment test.***

S17 At the last inspection in 2016, we found that outcomes for detainees in Colnbrook IRC were not sufficiently good against this healthy establishment test. We made 24 recommendations about respect. At this follow-up inspection we found that 11 of the recommendations had been achieved, two had been partially achieved, 10 had not been achieved and one was no longer relevant.

S18 In our survey, 81% of detainees said that most staff treated them with respect, significantly higher than at the last inspection. Detainees we interviewed were also very positive about relationships with staff. We saw good interactions when detainees approached staff, but staff were not sufficiently proactive and too often congregated in offices. We received no evidence of poor sub-cultures among staff.

S19 There was dust and ingrained dirt throughout the residential units, and this problem had not been effectively addressed by managers. Some showers were broken and mouldy. Toilets were insufficiently screened and had no seats. Ventilation remained poor and this was exacerbated by smoking in the centre. Laundry facilities were good and detainees could

usually obtain clean bedding. There was little or no clothes storage in cells, many cupboards were broken and there were too few lockable cabinets. There were now no more than two people to a room on the Sahara women's unit. The unit was well managed, well decorated and adequately furnished. A painting programme had started in the rest of the centre.

S20 A well-attended fortnightly consultation meeting achieved some positive changes. Complaints were well managed, but detainees still lacked confidence in or knowledge of the system. Responses were polite, timely and generally addressed the issues raised. In our survey, only 15% of detainees said the food was good, lower than at other IRCs. The quality of the food we tasted was variable and the lunchtime meal in particular lacked vegetables and salad. The shop was well used, although fewer detainees than at the last inspection said it provided what they needed. Consultation on catering and the shop was good. The cultural kitchen was a good, well-used resource. Equipment had recently been upgraded and waiting lists had been significantly reduced, although they still ran to around one month.

S21 Equality and diversity work was being re-launched after many months of decline. Several of those with specific responsibilities had not yet had time to make an impact, and a revised reporting and meeting structure had not yet produced concrete results. However, there were some areas of progress, such as the cultural kitchen and music provision, which had promoted engagement and integration between different groups. There was a good system of consultation with nationality groups using interpreting. Many languages were spoken by staff, and telephone interpreting was used, especially in residential units and health care, but this was not consistent and was especially lacking at key points such as early days in detention and some health care assessments. Those with known disabilities were generally given necessary support, but there was scope for better identification of need and better joint working between departments. LGBT detainees had been supported appropriately.

S22 The large chaplaincy team provided well for faith needs. The facilities were good, though small, worship and activities were well publicised and the large body of visitors of all faiths was an asset to the centre. Our survey showed that access to religious leaders had improved. However, some chaplains wrongly focused on detainees of their own faith rather than acting on behalf of the whole faith team in seeing new arrivals, and not enough chaplains were readily available through the day in the world faiths area.

S23 Health services were reasonable. Detainees we spoke to were generally negative about access to and the quality of health care services and, in our interviews, more than half said their mental or physical health needs were not met. Previous chronic staff shortages had started to improve and waiting times for most services were reasonable, including short waits to see the GP and for Rule 35 assessments. Some aspects of local governance were not sufficiently robust. IRC-owned defibrillators were not checked regularly and staff were unaware of their location. Health promotion material was displayed in the health care department, but in English only. Substance misuse services had improved with the introduction of a responsive psychosocial interventions team. The 'Team of Life' workshop[5] was good practice. The integrated mental health team provided a responsive and caring service for detainees with severe and enduring mental health problems. However, the range of interventions for detainees with mild to moderate need, though increased, was still not enough to meet needs. Pharmacy services were reasonable and the pharmacist provided robust scrutiny of the management of medicines. Detainees in urgent need could see a dentist promptly and the facilities were fit for purpose.

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[5] The 'Team of Life' a was a one-day workshop for detainees who have experienced traumatic experiences in their lives. It was run by the psychology team and sports coaches and focused on skill, strengths, resilience and hope through psychological interventions and football.

Activities

S24 *There was an improved range of activities, management of activities had improved and detainees had good access when unlocked. Most detainees could work and attend education or vocational training, and there were no waiting lists. However, a large number were prevented from working by the Home Office. Fewer than half the detainees in our survey said they could fill their time. The library provided a good service. Fitness provision was good.* ***Outcomes for detainees were reasonably good against this healthy establishment test.***

S25 *At the last inspection in 2016, we found that outcomes for detainees in Colnbrook IRC were reasonably good against this healthy establishment test. We made six recommendations about activities. At this follow-up inspection we found that three of the recommendations had been achieved and three had not been achieved.*

S26 Detainees had good access to activity areas when they were out of their cells. Staff actively promoted activities. Managers had good data on participation, which could be analysed by characteristics such as age and ethnicity, but were not yet used to plan improvements to the provision. Vocational training offered useful qualifications and experience related to possible employment. Managers had improved the activities on offer to women by providing craft courses two days a week, more computers and exercise equipment. Recreational facilities on the residential units were poor. The activities induction did not do enough to ensure that detainees understood it, and were provided with guidance on the best course for them. Quality improvement arrangements were underdeveloped. Peer observation had been introduced to share good practice, but managers did not directly monitor the quality of teaching. No self-assessment had been carried out for a year.

S27 Most detainees who wanted to work could do so and there were no waiting lists. However, a large number of detainees were not allowed to work because of non-compliance with the Home Office, interfering with the centre's ability to manage the population. This was a significant problem. In the first 11 months of 2018, 182 applications had been refused and 53 detainees removed from paid work which they had already started.

S28 There were about 50 education places. Most classes had small numbers attending and teaching was good in most areas. Teachers had very good rapport with learners and provided good support. Resources for learning were good; for example, there were good hand-outs in ICT and a good range of materials in art. Detainees were well motivated and enjoyed their courses. Courses in art and craft work, music production and floristry provided good opportunities for creative expression. Detainees said that these activities helped them to cope with the stress and worry of their situation. Despite high levels of ESOL (English for speakers of other languages) need, few detainees attended English classes. Since the previous inspection, accredited qualifications had been introduced through the Open College network. Detainees valued this recognition, and managers organised regular presentation events to celebrate achievements. In the year to date, over 300 certificates had been awarded.

S29 The library was a comfortable and welcoming environment. It had an improved book stock and a range of DVDs. The gym had been improved with good new equipment, which was well maintained. Access to the gym was good for most detainees, but was little used by those on the Sahara unit. Gym staff offered an accredited course in nutrition and fitness.

Preparation for removal and release

S30 *Welfare support remained a strength of the centre. There was excellent involvement of NGOs (non-governmental organisations). Visits provision was generally good. Detainees had good access to phones. Detainees could easily use the internet but not social media or video-calling. There was no systematic pre-discharge assessment, although Hibiscus[6] provided useful support for detainees.* ***Outcomes for detainees were good against this healthy establishment test.***

S31 *At the last inspection in 2016, we found that outcomes for detainees in Colnbrook IRC were good against this healthy establishment test. We made four recommendations about preparation for removal and release. At this follow-up inspection we found that two of the recommendations had been achieved and two had not been achieved.*

S32 Welfare services, provided by an experienced and helpful group of staff, were generally good. The welfare area facilitated a wide variety of visiting NGOs, Home Office and legal aid surgeries. Detainees had good access to the team through a drop-in facility that was available seven days a week. Co-location of several agencies was helpful in meeting detainees' varied needs. Outreach work ensured these services were available to all detainees, including those in the separation unit. However, there was no systematic assessment of welfare needs during induction.

S33 The visits room was comfortable and in reasonable condition, and visiting hours were good. In our survey, 79% of detainees said they felt well treated by visits staff. The searching of visitors was proportionate and undertaken respectfully. The publicly funded bus service to the centre was not well promoted. Facilities for children and the provision of food and drink were inadequate. The majority of information on display was in English only. There was no system for identifying and monitoring detainees who did not receive visits and might be isolated.

S34 Detainees had good access to email and internet but could not print documents confidentially. Computer equipment had been updated since the last inspection and was fit for purpose. All websites that we tested were accessible. Access to social media websites or video calling were still not permitted. Access to mobile telephones was good. The provision of fax facilities had reduced since our previous inspection, but there was timely distribution of incoming mail and faxes.

S35 Detainees were not routinely seen before leaving the centre to address potential outstanding needs. However, strategy meetings for the removal of complex cases were held, although they nearly always related to detainees who would potentially disrupt their removal, rather than on vulnerability. Detainees did not receive enough notice of transfer, and 'reserves' continued to be allocated for charter flights. Hibiscus were able to assist detainees to reach their destinations and provided other resettlement support. Detainees being released were given a summary of their medical records and at least a week's supply of medication.

[6] British charity working with foreign national prisoners and their families as part of the Female Prisoners Welfare Project.

Main concerns and recommendations

S36 **Concern**: Rule 35 reports were not always submitted when necessary, for example where a detainee was suspected of having suicidal intentions. The psychiatrist was unable to submit Rule 35 reports where he considered detention was affecting a detainee's mental health. Reports contained insufficient detail to inform an assessment of the detainee's vulnerability. In nearly all cases in our sample, detention was maintained despite evidence of torture being accepted.

Recommendation: The centre should monitor Rule 35 reports to ensure they are submitted when necessary. Psychiatrists should be able to submit Rule 35 reports concerning the mental health of detainees. Reports should contain sufficient detail to inform a proper assessment of the vulnerability of the detainee. Home Office responses should be timely. Where evidence of torture is accepted, detention should only be maintained in exceptional circumstances.

S37 **Concern:** Most detainees were locked in their cells for long periods during the night and also during the day, and had limited ability to move freely around the centre.

Recommendation: The living environment for all detainees should be more open and security restrictions should be proportionate to the risks presented. Detainees should not be locked in their cells.

S38 **Concern:** The standard of repair and hygiene in the residential units was inadequate with dust and ingrained dirt throughout. Ventilation remained a major problem, some showers were not working or sufficiently screened and some toilets were filthy. Cells were poorly furnished.

Recommendation: Residential units should be kept clean, in good repair and well ventilated. Cells should be sufficiently furnished to allow for storage and security of possessions and all showers and toilets should be properly screened.

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 There were fewer long journeys to Colnbrook than at the last inspection, although detainees still told us of journeys of up to seven hours. There were also fewer long waits in vans before admission to the establishment, although this still happened sometimes when arrivals coincided with bulk discharges to charter flights. A third of arrivals were between the hours of 11pm and 7am. These journeys, scheduled at night for operational convenience, remained exhausting for detainees, many of whom had already had tiring and stressful experiences and were shortly to face further journeys.

1.2 Escort vans were clean and in good condition, but carried no food except crisps, even though some journeys took more than four hours, and only toilet stops were given. There was good communication between escort and reception staff.

1.3 The turnover of detainees was high, with an average of 124 arriving each week during the previous six months. The reception area was large, with a spacious and reasonably comfortable waiting area, with information displayed, a rolling video presentation about the centre, and hot food and drink. In our survey, only 31% said they had been given information on the day of arrival about the availability of support. Not all new arrivals had a one-to-one interview with a member of staff, other than a nurse, during their first 24 hours. Reception staff spoke to detainees across a desk in the open reception area and only took the detainee to a separate room for interview if there were obvious signs of distress or other concerns. Information in different languages was confined to just a few leaflets in a rack in a holding room. In our individual interviews, detainees said that interpreting was not always used in reception or at other times when needed, but that their overall reception experience was reasonable.

1.4 Detainees did not have to wait too long in reception: the process took an average of one and a half hours from arrival. They were taken to the induction unit, where some information was available, but individual conversations did not take place when two or three detainees came together. The cells where male detainees spent their first night were in very poor condition: the stained metal toilets had no seats, the walls were in poor decorative order, and several of the duvets and pillows were stained. In our interviews with staff, it was notable that several mentioned the 'daunting' or 'terrifying' impact of the 'prison-like environment' on newly arrived detainees. The provision for women arriving in the centre was better.

1.5 Adequate attention was given to the safety of detainees on their first night, with regular documented checks. A brief induction session was held on the day after arrival. Welfare staff introduced the session, which mainly still consisted of a video presentation available in a variety of languages but not in some languages which had become more common among detainees, such as Russian or Polish. The induction lacked personal engagement by staff with detainees and, other than activities and gym staff, representatives of key departments did not introduce their work to the detainees. Induction for women was more personal and effective.

Recommendations

1.6 Newly arrived detainees should have a private interview with a member of the centre staff, who should give them adequate information in their own language about services and support available.

1.7 Every detainee should spend their first night in a cell which is in a decent condition.

1.8 Every detainee should gain an understanding during induction of how to feel safe and how to access all key activities and services in the centre, supported by written information which they can understand.

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

1.9 Formal links with Hillingdon Adult Safeguarding Board were not as strong as at our last inspection, but were being re-established. The local safeguarding policy was tailored to the detention setting and was good. Mitie staff had poor awareness of the policy and the National Referral Mechanism. However, we were assured by staff we spoke to that if they identified an issue they would report it.

1.10 Our staff interviews suggested a reasonably good understanding of and willingness to use whistle-blowing procedures, but two of the 42 staff interviewed said they would not use them because they did not believe confidentiality would be respected.

1.11 The needs of detainees were discussed at a weekly complex case meeting, which was well attended by health care and pre-departure team staff. In addition, Home office caseworkers telephoned in, which was good practice. Minutes showed that meetings were useful and suitably focused on adults at risk. However, Mitie staff had not attended in recent weeks nor received the minutes.

1.12 Arrangements to ensure that Mitie had a comprehensive up-to-date list of adults at risk were weaker then we usually see. Home Office records showed 40 detainees at the two higher levels of risk, whereas Mitie only had a record of 21. We could not therefore be confident that targeted support was provided to all vulnerable detainees.

1.13 The quality of opened vulnerable adult care plans was good and better than we usually see. However, not all detainees who needed a care plan had one. Only 10 had been opened in the previous six months and five detainees assessed at the highest level of risk had no plan.

1.14 Some detainees were assessed at the wrong level of risk. In one case, a prolific and very serious self-harmer experiencing voices telling him to kill himself was not considered to present the highest level of risk.

1.15 Five pregnant women had been held in the last six months for appropriately short periods. Two were released on the day they arrived and three were removed within 24 hours. It was concerning that no notice was given to the centre of the transfer of a 34-week pregnant woman.

1.16 In our casework sample, we examined four level 3 cases. In all cases, reports showed that detention affected the detainee's mental health negatively. In two cases, detention was reviewed and release agreed immediately. In the two other cases, detention was maintained largely because removal was imminent. The detainees applied for judicial review to challenge their substantive immigration cases and release was then granted.

1.17 Home Office management data for the six months to the end of September 2018 showed that only 16% of detainees were released following a Rule 35 report[7], compared with 27% at the last inspection. Local records indicated that more than a quarter of Rule 35 responses were served late, some by up to a week.

1.18 Rule 35 reports were not submitted when necessary. Home Office management data showed 190 Rule 35 reports in the six months to September 2018, 179 of which concerned torture. Only eight reports concerned detainees whose health was being affected by detention. Just three reports concerned suicidal intentions, despite the risk of self-harm being considered so high that 154 detainees were placed on constant supervision during this period (see main recommendation S36).

1.19 We saw some cases where a proactive psychiatrist kept the Home Office well informed of detainees with significant mental health needs. However, he was not permitted to submit Rule 35 reports[8] for detainees whose health was adversely affected by detention, because these were only to be completed by a GP. In this case, the restriction was depriving some of the most vulnerable detainees of an important safeguard.

1.20 We reviewed in detail 10 Rule 35 reports and their replies, all of which related to torture. They were not good enough. They gave a judgment on consistency with the alleged method of torture, but lacked detail. Doctors gave judgements on the consistency of scarring with the detainee's account but the reasoning behind these judgements was not clear. The assessment in one report comprised a single sentence. Not all reports explored the likely impact of further detention. Assessment of psychological trauma was limited. Five reports documented evidence of poor mental wellbeing such as anxiety, low mood, insomnia, nightmares and flashbacks but gave no assessment of whether the detainee had post-traumatic stress disorder. Some cases were referred to the centre's mental health team.

1.21 In nine cases, the reports were accepted as evidence of torture, but in the tenth case, the caseworker found the detainee's case did not meet the new, more restrictive definition of torture because the victim was not in the control of the perpetrator. All detainees were identified as adults at risk level 2, even the case where torture was not accepted. Caseworkers maintained detention in all but one case on the grounds that immigration factors outweighed the presumption to release.

Recommendation

1.22 The Home Office should ensure that the centre has an up-to-date record of adults at risk, so that targeted support can be provided.

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[7] A Rule 35 report is a notification to the Home Office that a detainee's health is likely to be injuriously affected by detention, they have suicidal intentions, or they may have been a victim of torture.

Good practice

1.23 *Home Office caseworkers telephoned in to the weekly complex case meeting.*

Self-harm and suicide prevention

1.24 There had been a very significant increase in self-harm. During the previous six months, there had been 65 incidents of self-harm compared with 20 in the same period in 2016 when the population was also markedly higher[9] (see paragraph 1.18). Data on self-harm were examined each month by the safer detention committee.

1.25 During the previous six months, 168 ACDT[10] forms had been opened, fewer than at the previous inspection. There was suitable monitoring and support for the few detainees who refused food from the serveries.

1.26 ACDT procedures were carried out well, with comprehensive entries giving a clear picture of the detainee's frame of mind while on the residential unit. Very few entries related to periods spent in the common areas of the centre. ACDT reviews largely addressed concerns in the care maps, with Home Office staff very rarely present. Mental health support for those on ACDTs was good (see paragraph 2.61). Wing staff had good knowledge of detainees at risk of self-harm and detainees told us they felt well supported by staff and could tell someone if they felt low.

1.27 A new care suite had recently been brought into commission, with five cells (one a twin) with good en-suite facilities. Other facilities included a sensory cell designed to offer a therapeutic environment and a new listening cell. The glass cell doors afforded no privacy but otherwise the suite was a good addition to the facilities and restricted to short stays. More effective use could have been made of the facility with a more multidisciplinary approach to care, including a mental health contribution.

Safeguarding children

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

1.28 The centre had a comprehensive safeguarding children policy and formal links with Hillingdon Safeguarding Children Board were being re-established (see paragraph 1.9).

1.29 In the previous six months, age had been disputed in three cases, in two of which the detainees were promptly confirmed as adults. In the third case, the detainee claimed to be a child when he was detained. The next day the Home Office wrongly determined him to be adult. In breach of its own guidance, it relied on a social services assessment, having not seen a copy of this assessment to ensure that it was Merton-compliant[11]. This failure was only identified nine days after he was detained, when social services were asked to collect the detainee to conduct a proper assessment. They did not collect him for another four days, nearly two weeks after his initial detention.

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9 The population during the 2016 inspection was 339. The current population was 246.
10 Assessment, care in custody and teamwork case management of detainees at risk of suicide and self-harm.
11 The standard social services-conducted age assessment.

1.30 Mitie was unable to produce care plans for the first two detainees found to be adults. A plan was opened for the third detainee when he was detained, but this was closed the following day after the incorrect judgement by the Home Office. It was not reopened while the centre waited for social services to collect him.

1.31 There had been inadequate supervision of some detainees who could have presented risks to children and others in the visits room and around the centre. We examined the records of two detainees who had been convicted of child sex offences. In both cases, a note was placed on the electronic records to the effect that visits should be supervised. We spoke to staff supervising visits who were unaware that these records should be checked. No other measures were taken to supervise these detainees, one of whom was subsequently found downloading inappropriate content in the internet room. He was banned from further use of the facility, but no further restrictions were placed on him. He was transferred to prison some days later when an allegation was made that he was grooming another detainee.

Recommendation

1.32 All detainees whose age is in dispute should have a multidisciplinary care plan and prompt, thorough assessments, which ensure that children are identified and released from detention.

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.

1.33 There had been 21 assaults on detainees by other detainees and seven assaults on staff in the previous six months. All were relatively minor. In our survey, 47% of detainees said they felt unsafe in the centre. In our confidential interviews, detainees who were most concerned about safety said their fears stemmed from factors such as fear of removal, immigration cases, lengthy and open-ended detention, the fact that other detainees were stressed and sometimes angry, and the availability of drugs. However, few detainees said they felt physically unsafe and none reported an assault by staff (see Appendix VII). In our staff interviews, most staff thought that safety was reasonable, although a few said they felt intimidated by detainees and unable to address poor behaviour. No staff reported assaults or excessive force being used by their colleagues.

1.34 During the previous six months, 19 detainees had been monitored for antisocial or violent behaviour. The anti-bullying and violence reduction policies were reasonable, although staff were often unaware of them. Investigations into alleged incidents lacked rigour and were not followed up thoroughly. A Prisons and Probation Ombudsman recommendation on improving the centre's response to antisocial and violent behaviour following the manslaughter of a detainee in 2016 had not been met.

1.35 The monthly safer community meeting had inconsistent attendance and, in the previous six months, there had been no attendance by security representatives, ACDT assessors, Hillingdon Safeguarding Adult Board or detainees. The analysis of data on violence was adequate, but generated few actions. Some items rolled over from one month to the next without resolution and others were removed the following month with no evidence of conclusion.

1.36 All but nine detainees were on the enhanced level of the centre's two-tier rewards scheme, which was little used and largely irrelevant.

Recommendation

1.37 All allegations of antisocial behaviour or violence should be fully investigated and acted on accordingly. Detainee custody officers should understand and apply the centre's violence reduction and anti-bullying policies.

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.

1.38 The centre resembled a prison and most rooms were cellular in style. With the exception of the women's unit, detainees were locked in their cells overnight from 9pm until 8am Monday to Friday and 9pm until 8.30am Saturday and Sunday. They were also locked in their cells for an hour over the lunch period. Detainees' ability to move freely around the centre was further restricted to designated periods during the day and they had around eight hours' free movement (see main recommendation S37).

1.39 During the previous six months, 527 security information reports had been submitted, more than at the last inspection. The security department had promoted greater use of the intelligence report process by delivering sessions to staff on the units. Security information reports that we examined were processed and categorised quickly and intelligence was communicated to other areas of the centre.

1.40 Key threats and risks were identified each month at the security committee meeting. Detailed information was considered at the meetings, leading to useful actions. However, the meeting was largely reactive and not sufficiently strategic. There was no overarching security strategy to give direction to staff on delivery of the regime in the context of the prevailing risks and threats. Some important information was not circulated to staff, for example a list of detainees who posed a potential risk to women (see also paragraph 1.31).

1.41 Strip-searching was undertaken only on the basis of intelligence and the reasons for each search were documented. Seventeen detainees had been strip-searched in the previous six months and each search was adequately justified as necessary for reasons of safety and security. However, handcuffing during external escorts remained disproportionate. In the previous six months, over 90% of detainees were handcuffed on such escorts. Risk assessments did not always demonstrate why restraints were justified. Home Office and Mitie managers assured us that this problem was now being addressed, although it was long overdue.

1.42 Staff and detainees told us that the availability of drugs was a problem in the centre, although few detainees said they had been victimised by other detainees as a result of drugs. The centre was unable to give us figures on total finds of drugs and alcohol from all possible sources, but cell searches had elicited a total of eight finds of drugs and alcohol in the previous six months. The centre had trialled the use of a Rapiscan itemiser to check incoming mail for drugs, as a result of which a number of illicit substances had been intercepted. Despite its success, the trial had not continued.

1.43 Checks and routine searches of the perimeter took place regularly. Communal areas, activities and staff entering the centre were also searched regularly. All cell searches were based only on intelligence, which was good.

1.44 Corruption prevention work was good. Allegations of inappropriate conduct were investigated by senior managers and acted on accordingly. Two staff had been dismissed in the previous six months for misconduct.

Recommendations

1.45 Detainees should not be routinely handcuffed during escorts or hospital appointments. Restraints should be applied only if a risk assessment indicates a specific risk of escape or to the safety of the public, staff or other detainees.

1.46 There should be a coordinated, centre-wide approach to substance supply and reduction, with regularly monitored action plans, and forums for systematic discussion of substance use.

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.

1.47 During the previous six months, force had been used 76 times compared to 70 at the previous inspection when the population had been higher (339 compared to 246 at this inspection). Handcuffs had been used in 25 of these incidents. Records that we examined indicated that force was used proportionately and as a last resort. Incidents were usually low level, for example involving guiding holds. However, not all planned interventions were filmed and body-worn cameras were not turned on during spontaneous incidents. Only about a third of planned incidents had been recorded. We were told that the centre had purchased new body-worn cameras with the intention of 60% of staff wearing them, which was welcome. Video footage showed good examples of staff showing patience with detainees and trying to de-escalate situations.

1.48 Records of incidents over the preceding month were reviewed at monthly use of force meetings. Information was collated, including the nature of the incident, its location and the nationality of the detainee. These meetings had not been held for the previous two months because of staff changes and a meeting was planned shortly after our inspection.

1.49 Governance and quality assurance arrangements for use of force were good. All incidents were reviewed by a use of force instructor who scrutinised the paperwork and video footage. Concerns raised were passed to a senior manager for investigation. An independent body also reviewed a random number of incidents and those which the centre highlighted as a concern. Among the video footage that we reviewed, we saw an officer using inappropriate techniques during an incident. The centre had already picked this up through its scrutiny process and senior managers had addressed the concern with the member of staff involved.

1.50 During the previous six months, separation had been used 100 times, which was high. However, in each of the sample of 10 cases that we examined, the centre's decision to separate detainees was properly justified. The unit continued to hold challenging, long-term detainees who were difficult to manage on normal location. It also held others with

significant mental health problems who should not have been in immigration detention. Over 90% of these cases fell under detention centre Rule 40 (in the interests of safety and security). Rule 42 (separation for violent and refractory detainees) had been used seven times in the same period. The average time in separation under Rule 40 was high at just over 61 hours. Forty-seven detainees had been separated for more than a day and the longest for almost 24 days.

1.51 Procedures for the authorisation of continued separation by Home Office staff were carried out effectively and staff visited the unit every day to speak to detainees and assess their welfare. However, there were examples where professional interpreting should have been used (see paragraph 2.21).

1.52 Cells in the separation unit were austere. They were not adequately furnished and some were grubby. There was no difference between the cells for detainees held under Rule 40 and those held under Rule 42. No detainees were located in the separation unit at the time of the inspection. We were told that detainees would be given a radio based on an individual risk assessment, but there were no facilities for detainees to have televisions.

Recommendation

1.53 All planned use of force incidents should be video recorded and body-worn cameras routinely turned on during spontaneous incidents.

Good practice

1.54 *An external, independent body scrutinised a random number of use of force incidents and those which the centre highlighted as a concern.*

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.

1.55 Detainees had been held in detention for an average of 75 days, including time spent in a previous place of detention, which was longer than we see in other IRCs. Men had been held for an average of 79 days, and women eight days. Fewer detainees were held for prolonged periods than at our last inspection, but seven had been held for more than a year, two of whom had been in detention for over two years, which was unacceptably long.

1.56 Our interviews suggested that open-ended detention remained a major factor in detainees' feelings of safety and wellbeing (see Appendix V). One described the lack of time limit in this way: 'I don't know whether I am coming or going, I'm in limbo.' Some detainees had lived in the UK for many years. In one case, the Home Office was seeking to deport an ex-offender who had lived in the UK since he was three months old.

1.57 We examined 12 cases in detail, four involving detention for more than six months, four less than six months and four cases under the adults at risk policy. In some cases, removal could not be achieved within a reasonable period. For example, the Home Office had been trying to remove a detainee for more than 10 years since serving a deportation order in 2008. This was his third time in immigration detention and he had been held for a total of more than 10

months. He was recognised as a level 2 adult at risk. A psychologist had reported a 'significant deterioration in his mental state' and an 'increased risk of harm to self'. His deportation status was continuing: he had been granted permission to appeal to the Upper Tribunal but a hearing date had not been set. The Home Office did not hold a valid travel document for him.

1.58 Five cases in our sample showed that the Home Office had failed to act diligently or expeditiously. Poor coordination with the Prison Service and other departments had delayed case progression further. Many cases of prolonged detention involved ex-prisoners. The Home Office often failed to progress cases adequately while the detainee was held in prison. For example, in one case the Home Office had sent deportation papers to a prison in January 2017 but the prison did not confirm that they had been served until 10 months later. The same detainee claimed asylum when in immigration detention in April 2018, but by the time of our inspection seven months later, a decision had not been served on him.

1.59 The recommendations of the Home Office internal case progression panel to release were not always followed. In one case, the panel twice recommended that a detainee be released but on both occasions the recommendation was dismissed.

1.60 The provision of accommodation presented problems for detainees whom the Home Office had agreed to release, or where bail had been agreed in principle. There were delays of some months in the provision of approved accommodation for detainees being released on licence. In one case, a judge had granted bail to an ex-prisoner in July 2018, subject to suitable accommodation being found. By the time of our inspection four months later, the man remained in detention. Neither Mitie nor the Home Office was monitoring these issues to determine the extent of the problem.

1.61 Staff from support organisations Bail for Immigration Detainees and Detention Action regularly attended the centre and provided support to detainees.

1.62 Although 73% of detainees in our survey said they had a solicitor, only a third of these said they had received a legal visit. Legal aid surgeries were held three days a week. The number of firms contracted to run these surgeries had recently increased from three to 42. Some firms had been spending just three hours advising 10 detainees, rather than the five hours they were contracted to provide. This potentially affected the quality of provision and we were pleased to see that this issue was being addressed directly with the Legal Aid Agency by Mitie and Home Office managers.

1.63 Detainees could keep in touch with their solicitors by email, telephone and fax and had access to relevant legal websites. Detainees could not print legal documents in confidence sent to them by email. Some legal text books in the library were more than 10 years out of date.

1.64 A year before the inspection, the centre Home Office team had been given additional resources to implement a new case working model to increase face-to-face contact with a named 'engagement officer'. The team was conducting daily drop-in surgeries in the centre, although they did not yet have immediate access to Home Office computer records. This work seemed promising and was increasing direct engagement between detainees and Home Office staff. However, detainees were still frustrated that it was difficult for them to speak to the Home Office decision-maker in their case and only 31% of detainees in our survey said it was easy/very easy to see immigration staff when they wanted to.

Recommendations

1.65 All detainees at the Legal Aid Agency advice surgeries should be given enough time to explain their circumstances and receive advice over the full allocated half-hour interview. (Repeated recommendation 1.56)

1.66 There should be a strict time limit on the length of detention and caseworkers should act with diligence and expedition. (Repeated recommendation 1.62)

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 In our survey, 81% of detainees compared with 54% at the previous inspection said that most staff treated them with respect, and 66% said they had a member of staff they could turn to. Detainees whom we interviewed were also very positive about relationships with staff.

2.2 Officers could be deployed anywhere across Colnbrook or Harmondsworth, the neighbouring immigration removal centre (IRC), as part of the effort to promote a one-centre approach. This made it more challenging for staff to build a rapport and to check on detainees regularly on their unit, as required by the unit officer scheme. Despite this, most staff we interviewed still felt that staff-detainee relationships were a real strength of the centre. We saw good interactions when detainees approached staff to ask for help, but officers were not sufficiently proactive in engaging with detainees and were too often congregated in offices. Some did not address poor behaviour such as detainees smoking in their cells (see paragraph 2.6).

2.3 We received no evidence of poor sub-cultures among staff. However, most staff also said they felt undervalued and many complained of a high staff turnover and subsequent lack of experienced staff. Most also mentioned very long shifts (over 13 hours) which they felt could undermine their ability to work effectively (see Appendix VI).

Recommendation

2.4 **Officers should be visible in units and interact regularly and positively with individual detainees to help support them during their detention.** (Repeated recommendation 2.14)

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

2.5 There were five main wings, A to E. Since our last inspection, E wing had undergone a re-role from first night unit to a single occupancy unit, and new arrivals were now housed on D wing. A painting and re-flooring programme was in the early stages of implementation, with C wing complete. However, wings were still not clean enough, with dust and ingrained dirt throughout, and this problem had not been effectively addressed by managers. A number of

detainees were paid as wing cleaners, in addition to cleaners contracted in by Mitie. In our detainee interviews, a significant number commented on poor living conditions, especially cold and poorly ventilated cells, poor hygiene and problems with mice.

2.6 A number of showers on the wings were broken and mouldy. Toilets in cells had no seats, many were filthy and not adequately screened, in common with showers in cells on E wing. The ventilation remained poor, the windows could not be opened and detainees told us of significant variations in temperature. This was exacerbated by detainees smoking in the centre despite smoking only being permitted in outside areas. Officers did not always address this (see paragraph 2.2). Detainees could not see the televisions in their cells very well because they were poorly positioned and very short aerial cables prevented them from being moved. Some detainees had spliced the wires to extend the cables.

2.7 Laundry facilities had been refurbished to an industrial standard and were good. Detainees could usually obtain clean bedding**.** There was little or no storage for clothes in detainees' cells and they often kept clothes in bags on the floor. Too many cupboards were broken. Some detainees had a small cabinet with a padlock, but too many cells had no lockable cabinets and detainees did not have cell privacy keys. There was limited seating for communal dining. Galleried landings on wings provided staff with good observation sight lines, with the exception of E wing. All male units were of a prison design. Little had been done to soften the enclosed and cage-like exercise yards.

2.8 The Sahara women's unit now had a capacity of 18, reduced from 27, with no more than two women to a room. Women usually stayed for three to five days before being moved elsewhere. They were not locked in their rooms. The unit was much the same as at the last inspection and was well managed, well decorated and adequately furnished. A member of the activities team attended the unit two days a week when the women could undertake arts and crafts. Access to the gym and the shop was permitted while male detainees were on their wings, but the women were not made aware of classes such as yoga and all gym staff were male which may have deterred their attendance. Recreational equipment included exercise machines, board games and DVDs, but no exercise classes were held on the unit.

Recommendations

2.9 **The centre should ensure that exercise yards offer a welcoming environment.** (Repeated recommendation 2.6)

2.10 **Women should have access to sufficient suitable activities both on and off the unit.**

Detainee consultation, applications and redress

2.11 The fortnightly detainee consultative committee was well advertised and usually well attended by senior staff, including immigration. The standing agenda included key areas such as residential units, health care, catering and the shop. Minutes were displayed on notice boards. They were detailed and led to some positive changes, but also demonstrated that some issues were repeated several times without resolution.

2.12 Complaints were well managed with good oversight by the centre. Responses were polite, timely and generally addressed the issues raised, but were still provided only in English. However, detainees still lacked confidence in the system and in our survey only 15% of those who had made a complaint felt it had been addressed fairly. Many detainees we spoke to had no knowledge of the system. There had been 81 complaints from detainees in the previous

six months, of which six were substantiated and 11 partly substantiated. They covered a range of topics but the main concerns were minor misconduct by staff and missing property. In our survey, only 37% of detainees said it was easy to access a complaint form, although at the time of the inspection forms were freely available in a good range of languages.

2.13 Detainee applications were well managed. All were logged electronically and responses were generally timely.

Residential services

2.14 In our survey, only 15% of detainees said that the food was good against the comparator of 28%. In our interviews, detainees spoke of unhealthy food, a lack of variety and food that was poorly prepared or cooked. The quality of the food that we tasted varied: lunch was particularly poor, lacking vegetables or salad, but the quality of the evening meal was better. We observed different portion sizes and number of servings given to detainees by servery workers, which went unchallenged by staff. No daily vegan option was printed on the menu.

2.15 The detainee shop was open from 9am to noon and 2 to 5pm seven days a week. It was well used, although in our survey only 34% of detainees said the shop sold a wide enough range of goods to meet their needs.

2.16 Consultation on catering and the shop was good. A detainee catering forum had been introduced in May 2018 and food was also discussed at the detainee consultative committee which had resulted in changes to the menu. The cultural kitchen was a good, well-used resource (see paragraph 2.22). Equipment had recently been upgraded to an industrial standard and waiting lists to use the kitchen had been significantly reduced, although they still stood at about one month.

Recommendation

2.17 Food should provide a healthy, balanced diet and all diets should be catered for.

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

2.18 Equality action team meetings had lapsed during 2018, and the focus on equality had diminished greatly until the work was relaunched shortly before the inspection. All staff with responsibilities in this area combined these responsibilities with other work which took up most of their time, and most had not yet been able to make an impact. The cycle of data collection and meetings had resumed, but so far with no tangible outcomes. Statistics were not yet being analysed or acted on.

2.19 Although the level of formal activity had been low, some very constructive activities supported mutual respect and good relationships between different groups. The 'cultural kitchen' had been developed in terms of its cooking facilities and support to detainees of different cultures (see paragraphs 2.22 and 2.16). Similarly, the music room was used creatively to bring people together across cultures. Each of these small but very positive activities resulted from the ability and commitment of individual staff.

Recommendation

2.20 A regular cycle of equality meetings, with data analysis and progress reports relating to all protected characteristics, should lead to measurable improvements in outcomes for detainees.

Protected characteristics

2.21 There was significant use of telephone interpreting (700 uses in the year to date) and staff spoke many languages between them. However, this was still not enough to ensure that each detainee understood and was able to communicate at key moments, not least their early days in detention. Our detainee groups and individual interviews also indicated insufficient use of interpreting (see paragraph 2.39).

2.22 A monthly cycle of nationality forums was now attached to the cultural kitchen so that on each occasion the nationality group established an informal rapport in cooking and eating together, then moved into a discussion of issues concerning their group in the centre. This innovation had increased participation and the effectiveness of the forums. There was a lack of forums for other protected characteristics groups.

2.23 The identification of disabilities by staff relied on the health care screening in reception which was not enough to ensure that all detainees with a disability received the support they needed. For example, a man who was an amputee had recently received a suitable wheelchair, but it had taken too long for this to be made available to him. The lack of clear lines of responsibility or coordination in the provision of social care resulted in a poor service for some detainees who needed reasonable adjustments or provision of aids (see paragraph 2.54).

2.24 LGBT detainees were offered discreet support if they so wished. A number of transgender people had been through the centre, for short periods in each case. Records suggested that the centre took a careful and individual approach to accommodating and supporting them, while encouraging open discussion of equality dynamics in the context of a variety of cultural attitudes towards LGBT people.

2.25 Named staff had responsibility for liaison with younger and older detainees, and were taking steps to identify their concerns and preferences and respond accordingly.

Recommendations

2.26 All detainees' protected characteristics should be systematically identified on arrival and support offered where necessary.

2.27 Interpreting should be used on all occasions where confidentiality is required, or where no alternative is available, to ensure that detainees understand information they are being given and can express themselves.

Good practice

2.28 *The 'cultural kitchen' had high quality cooking facilities and had been developed further as a means of supporting those of different cultures. A monthly cycle of nationality forums was now attached to the cultural kitchen so that groups established an informal rapport in cooking and eating together, then moved into a discussion of any issues concerning their nationality group in the centre.*

Faith and religion

2.29 A full team of 15 chaplains covered all the main faiths. Most of them were part time and many had considerable experience of the detention environment. The faith profile of the population had remained fairly consistent: at the time of the inspection 36% were Muslim, 34% Christian and 9% Buddhist. The chaplaincy coordinated about 50 visitors to individual detainees from many different faith communities in the local area. This was a strength. Chaplains were involved in many aspects of life at the centre, including care of those at risk, and sometimes attended ACDT[12] reviews of detainees whom they knew. The lead chaplain acted as a regular ACDT case manager. Our prisoner groups were positive about the contribution of the chaplaincy. A small faith room in Sahara unit served the women held there, with regular visits from chaplains and from two local faith groups.

2.30 The worship rooms for each faith were not large, but were well cared for and maintained. They were well used by detainees and many activities were programmed. Special events were frequent and well publicised. There was good cooperation with the catering team and other departments on religious festivals and special times of the year.

2.31 In our survey, 51% of detainees said that they could speak to a religious leader of their own faith if they so wished which was a marked improvement over 34% at the previous inspection. There was evidence that chaplains saw their role chiefly as relating to detainees of their own faith. Chaplains did not see all new arrivals to the centre, although they visited the induction unit each day and were available to be seen if requested. The chaplains' office was not very accessible and they were not often visible in the world faiths area of the centre.

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

2.32 The inspection of health services was jointly undertaken by the Care Quality Commission (CQC)[13] and HM Inspectorate of Prisons under a memorandum of understanding agreement between the agencies. The Care Quality Commission issued a 'requirement to improve' notice following the inspection (see Appendix III).

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[12] Assessment, care in detention and teamwork case management of detainees at risk of suicide and self-harm.
[13] 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.

2.33 Health services were commissioned by NHS England and had been delivered by Central and North West London NHS Foundation Trust (CNWL) since September 2014. A health needs assessment dated August 2016 had informed health provision along with a number of recommendations to improve outcomes for detainees.

2.34 A comprehensive range of strategic governance meetings were embedded with regular attendance by key stakeholders, including the centre manager and representatives of the Home Office and the Independent Monitoring Board at the centre partnership board meetings. Contract review meetings and a clinical quality review group were held quarterly to address essential areas. Following a review of the model of service delivery, CNWL had submitted a business plan to commissioners to redesign the service to expand the staffing levels. This was being considered at the time of the inspection.

2.35 Staff reported clinical incidents via the electronic system Datix, and learning from adverse incidents was shared with staff, including recommendations of the Prisons and Probation Ombudsman.

2.36 There were arrangements for consultation with detainees and evidence that some changes had occurred as a result of their suggestions. Patient satisfaction surveys were available in 15 languages; results of the most recent survey had yet to be analysed.

2.37 In our interviews with detainees, some praised the level of care but many were negative about access to and the quality of health care services and more than half said their mental or physical health needs were not met. In most cases that we reviewed, the support offered was responsive and met detainees' immediate needs. Interactions that we observed were appropriate.

2.38 The chronic staff shortages previously experienced by the health team had improved. Although there were still vacancies, a rolling recruitment programme had generated new staff and regular bank and agency staff were used to cover shortfalls. Not all staff received regular formal clinical and/or managerial supervision and the Trust was not following its supervision policy in terms of frequency and maintaining records of supervision meetings.

2.39 The health care centre was bright and clean. An annual infection control audit showed 87% compliance and areas of concern were being addressed. A range of health promotion information was displayed but only in English which limited its accessibility to detainees. Professional telephone interpreting was not used consistently for health care consultations and some detainees interpreted for their peers, compromising confidentiality and accuracy (see recommendation 2.47).

2.40 CNWL had a confidential health care complaints process that was widely used by detainees. Complaint forms were readily available in different languages in the health care centre. A sample of complaint responses that we looked at were timely, courteous and addressed all concerns. However, all complaints and responses that we reviewed were in English and we were told that interpreting services were used to reply to complaints in other languages.

2.41 Health staff were trained in intermediate life support and suitable emergency equipment was in place, although we found a few gaps in the checking process. Approximately 40% of custody staff had received first aid and automated external defibrillator (AED) training. The AEDs owned by the centre were not checked regularly. Officers we spoke to did not know their location but were aware of the emergency codes and ambulances were called promptly.

2.42 Electronic clinical records held on SystmOne were good, especially the detailed progress notes and care plans of the integrated mental health team members.

2.43 Detainees could access vapes and smoking cessation support was available, although waiting times were long. Relevant disease prevention and screening programmes, treatment for blood-borne viruses and travel vaccinations were available if required but uptake was low. Barrier protection was available but detainees had to request this from health care staff.

2.44 There were robust arrangements to identify and manage communicable diseases and detainees on food and fluid refusal were managed well in liaison with centre staff.

Recommendations

2.45 Health care staff should have regular recorded clinical and managerial supervision.

2.46 Health information, including health promotion material, should be available in a range of languages and visible signs should promote the availability of translated material.

2.47 The use of professional telephone interpretation should be used more consistently and detainees should not be used as interpreters in confidential health appointments.

2.48 The automated external defibrillators (AEDs) available to centre staff should be regularly checked via a robust monitoring system and all staff on duty should know the location of the nearest AED.

Primary care and inpatient services

2.49 All detainees received a health screen on arrival with onward referrals where necessary. All new arrivals saw a GP within 24 hours. The door was left open during some reception screenings that we observed which compromised privacy.

2.50 Responsive nurse triage clinics were held twice a day and met detainees' health care needs, although most detainees told us they preferred to see a GP in the first instance. Health care services provided 24-hour cover, with two nurses covering night duty. There was a good range of health professionals, including a podiatrist and an optician. Waiting times were reasonable.

2.51 GP services were delivered seven days a week. Waiting times for routine GP appointments were low and most detainees were seen within 48 hours, which was good. Detainees had prompt access to Rule 35 assessments. GPs had undertaken training on completing Rule 35 reports, and health care staff knew how to respond to safeguarding concerns (see paragraphs 1.19-1.21).

2.52 The use of the NHS England Quality Outcome Framework helped to support the identification and monitoring of long-term conditions. This was overseen by the primary care lead. GPs managed and reviewed detainees with long-term conditions and nurse triage clinics provided supplementary support.

2.53 Unusually, detainees requested health care appointments through detention officers. While this did not delay treatment, patients did not have equitable access to health care services and confidentiality could be compromised.

2.54 No social care provision was available and we were told that detainees with social care needs would not be held at the centre, although we were made aware of a few detainees at Colnbrook who had such needs (see recommendation 2.26). The Home Office were made aware of this by the primary care lead. Age-appropriate screening was available and access to mobility and health aids was mostly satisfactory.

2.55 Planned and urgent external health care appointments were efficiently managed and there were few cancellations.

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

Mental health

2.57 An integrated mental health team delivered a stepped model of care. There were some vacancies in the team and it was still a weekday service, although plans were in place to address this. A daily team referral meeting now took place which ensured prompt referral to the relevant team member. Routine referrals were seen within three days and urgent cases within one day. An effective, well-managed weekly multidisciplinary team meeting discussed on-going care and prioritised risk. There was good follow-up of detainees who did not attend appointments.

2.58 Individuals who were acutely mentally unwell were identified on admission as being unfit to be detained or, if problems emerged, a review of detention took place. However, we were informed of a few occasions when this had not happened. One detainee was inappropriately transferred to Colnbrook from another IRC while being assessed for transfer to a psychiatric intensive care unit. The consultant psychiatrist, who delivered four sessions a week, was very proactive in providing the Home Office with supplementary information about detainees with special needs (see paragraph 1.19 and main recommendation S36).

2.59 The service offered a psychologically-led approach to mild to moderate problems, which included guided self-help material. This was only in English. The psychology team completed post-traumatic stress disorder assessments and informed the Home Office if detention was considered detrimental to the person's condition. A 'Team of Life' workshop was a positive initiative: 12 detainees took part in this workshop which used football as a medium to look at skills, strengths, resilience and hope for detainees who had experienced traumatic experiences. The second workshop was being held at the time of the inspection and the intention was to run similar events every quarter.

2.60 A well-being drop-in group was organised each week by a recovery worker and a psychologist. Many detainees experienced anxiety and altered mood and more interventions were needed to meet this particular demand.

2.61 Support for detainees under ACDT case management had improved and there was a daily rota for a mental health nurse to attend reviews (see paragraph 1.26). Two beds had been identified at the local psychiatric intensive care unit, and detainees requiring hospital treatment could access care more promptly. Four detainees had been transferred under the Mental Health Act in the last six months, three within the agreed timescale. One had exceeded this by five days. Detainees with continuing needs were supported before they left the centre, medication was provided and links established with community teams. The team made a telephone call to follow up detainees who had left.

2.62 The mental health team leader delivered regular mental health awareness training to custody officers and all new staff received training. Annual refresher days were planned, which was positive.

2.63 During November 2018 the team had received 86 tasks on SystmOne which had generated 52 referrals and mental health assessments.

Recommendations

2.64 The range and frequency of interventions for detainees with mild to moderate needs should be increased.

2.65 Detainees who are experiencing severe and acute mental illness should not be in immigration detention.

Good practice

2.66 *The 'Team of Life' workshop was a positive initiative to help detainees who had experienced traumatic experiences to focus on their skills, strengths, resilience and hope through physical activity and psychological interventions.*

Substance use treatment

2.67 The centre did not have an effective joint agency substance use management strategy (see recommendation 1.46). However, drug and alcohol finds were highlighted at security meetings which the psychosocial team manager attended.

2.68 Detainees with substance use problems were referred promptly on reception for a detailed assessment. Prescribing for opiate dependence usually focused on reduction. However, prescribing remained flexible and patients were involved in treatment decisions with regular joint reviews and care plans in place. At the time of the inspection, four detainees were receiving opiate substitution therapy, two of whom were on methadone and two on buprenorphine.

2.69 The service had improved since the last inspection with the introduction in April 2017 of a psychosocial team provided by Phoenix Futures. A range of groups were in place and harm minimisation information in several languages included a section on psychoactive substances. The staff group could speak several languages and work books could be translated into different languages.

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

2.71 In our interviews, many detainees said drugs were an issue in the centre, but incidents relating to the use of synthetic cannabinoids had reduced over the last few months. At the time of the inspection, the substance misuse team was supporting 14 detainees.

Medicines optimisation and pharmacy services

2.72 All medicines were delivered to the centre promptly from several providers, including a local pharmacy for patient named medication. A full-time pharmacist supported by two pharmacy technicians and a pharmacy assistant worked across both Harmondsworth and Colnbrook IRCs.

2.73 Information on allergies and previously prescribed medicines was recorded on arrival and effective arrangements to obtain medicines ensured continuity of treatment. The pharmacist clinically reviewed all prescribed medicines before ordering them and medicine reconciliation was undertaken promptly. The pharmacist undertook medicine use reviews and patients could ask to see the pharmacist.

2.74 A custody officer was allocated to supervise the health centre each day, including medicine administration. The quality of interaction varied: some officers were very good while others were perfunctory, with little interaction with detainees.

2.75 Medicine storage was well organised and secure, apart from one cupboard with a broken lock which contained stock medication. The pharmacist arranged for the medication to be stored in a locked cupboard when we pointed this out. Records of fridge temperatures indicated that medicines were stored safely, although there were a few gaps in the records.

2.76 Medicines were administered four times a day between 8.30am and 9pm and medicines required more frequently were facilitated. SystmOne was used for prescribing and administration of medicines. Records that we looked at were complete and non-attendance was followed up. A weekly critical medication report provided an additional safeguard that medication had been received by the patient and omissions were followed up.

2.77 About half the detainees on medication received it in possession following risk assessment. Although there was secure storage in their cells, most locks were broken. Padlocks were being issued (see paragraph 2.7). A range of over-the-counter medicines were available which nurses could administer under patient group directions[14].

2.78 A medicines management group met regularly to review medication incidents, trends in prescribing and audits related to medication.

Oral health

2.79 Kent Community Health NHS Foundation Trust was commissioned to deliver urgent dental care for detainees held for under 12 months, including temporary fillings, emergency extractions and antibiotics for infections. Detainees held for over 12 months could access a community-equivalent range of treatments.

2.80 The dentist held one session a week and a regional manager covered the dental nurse role because of delays in vetting new staff. The staffing issues did not affect access to care, and detainees waited no longer than three weeks for an appointment. Patients were prioritised according to need, and those who did not attend appointments were followed up promptly. Clinical records across the two electronic systems were detailed and provided evidence of good oral health promotion.

2.81 The dental suite was fit for purpose. Dental equipment was well maintained and serviced regularly. Decontamination processes were not conducted on site because of low staffing

[14] Authorise appropriate health care professionals to supply and administer prescription-only medicine.

levels and staff used single-use dental instruments. Local governance processes and infection prevention control arrangements were generally good. Staff could access a range of policies and procedures.

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 The centre offered a reasonable range of education and work opportunities. There were about 50 education places and 60 work places. This was not enough to provide occupation for the whole population, but many chose not to participate and the turnover of detainees was high. There were no waiting lists, apart from the cultural kitchen, and most classes were attended by a small number of detainees.

3.2 Detainees' access to activity areas was good when they were out of their cells. Their responses to our survey were more positive about access to activities than at the previous inspection, although less than half said they had enough to do to fill their time. Staff actively promoted activities through text messages, posters on the wings and an on-line magazine. Access to the internet was reasonably good.

3.3 Detainees who applied for paid employment were first vetted by the Home Office. A high number were refused because they were deemed to be non-compliant with Home Office requirements. During 2018, 182 applications had been refused and 53 detainees had been removed from paid work for this reason. This interfered with the ability of detention staff to keep detainees occupied and to manage the centre.

3.4 Managers had improved the activities offered to the small number of women detainees by providing craft courses on the women's unit on two days each week (planned to be three days in 2019), and more computers and exercise equipment. However, the range of activities remained less than for men. Access to the gym and library was limited and few women attended (see recommendation 2.10).

3.5 All new arrivals were offered an induction to activities, but the quality of this was not good enough. Some elements of induction, but not all, were delivered in a range of languages, and some detainees did not understand the education and training opportunities available. Presenters did not check on detainees' understanding. There was no assessment of educational needs and not enough guidance to help detainees choose the best activity for them.

3.6 Resources for learning had improved since the previous inspection and were reasonably good. Computers used for teaching and internet access had been updated, and up-to-date software had been installed. The cultural kitchen was a popular resource, which had been upgraded with professional-standard catering equipment (see paragraph 2.19). Waiting lists had significantly reduced, but detainees still had to wait for up to a month to use this facility.

3.7 The range of recreational activities was poor on some units and in one case was limited to a pool table and an old computer. Detainees could borrow board games and jigsaws on request. Managers had plans to improve recreational facilities on the units, and had introduced activities such as bingo and table tennis competitions.

3.8 Quality improvement arrangements were not good enough. Peer observation of teaching had been introduced to share good practice, but managers did not directly monitor the quality of

teaching. No self-assessment had been carried out in the year of the inspection. Managers had access to good data on participation, analysed by characteristics such as age and ethnicity. However, the data were not yet used to plan improvements to the provision.

3.9 Managers appraised staff regularly and a good range of staff development opportunities was available to staff who delivered activities.

Recommendations

3.10 Activities inductions should ensure that all detainees are aware of the activities available and how they might help them.

3.11 The Home Office should not prevent detainees from working. (Repeated recommendation 3.16)

3.12 Managers should effectively monitor the quality of provision and undertake a self-assessment to inform future improvement plans.

Education and work

3.13 Classes were available in English, including English for speakers of other languages (ESOL), art, music, barbering and ICT. Short vocational training courses such as food hygiene, painting and decorating and health and safety in the workplace were offered most weeks. These developed skills related to potential employment. A floristry class delivered once a week was popular with detainees.

3.14 Since the previous inspection, accredited qualifications had been introduced through the Open College Network (OCN). In the previous year, more than 300 certificates had been awarded. Managers organised regular presentation events to celebrate success for those achieving awards, and detainees valued this recognition.

3.15 Attendance at activities was voluntary. Many detainees filled their time by moving in and out of classrooms as they wished, not focussing on a course outcome or gaining a qualification. Most classes were below capacity and some had very few attendees, which could restrict the range of teaching methods that could be used. Although many detainees spoke little English, few attended the ESOL course.

3.16 Teaching was good. Teachers were enthusiastic and developed a good rapport with learners. They used well-produced hand-outs and workbooks to enable learners to progress at their own pace. Detainees who attended were well motivated and enjoyed their work. In the ICT class, learners' progress was monitored effectively, helping them to make good progress. Art teachers used a good range of craft materials to provide variety and interest, both in the centre art room and in classes on the women's unit. A music and media room afforded good facilities for playing and recording music.

3.17 Education activities provided good opportunities for social interaction and creative expression. Detainees using facilities such as the art room, music room and barber shop enjoyed the lively social atmosphere and interaction encouraged by staff as well as the learning. Many said that these activities helped them to feel more at ease in spite of the stress and worry of their situation.

3.18 There were 64 paid work jobs in the centre, most of which were part time. About 54 posts were filled at the time of the inspection. Detainees were employed on the residential units as

cleaners and servery and laundry workers. Other jobs included working in the kitchen and the shop, orderlies in the gym and welfare centre and wing painters. New starters were provided with a short induction, including health and safety requirements and manual handling, but subsequent monitoring and supervision of the work was often inadequate.

3.19 Kitchen workers were accredited in food hygiene, but none of the other jobs offered detainees the opportunity to gain accreditation of the skills they developed. This reduced the usefulness of the jobs in helping detainees to prepare for work after leaving the centre.

Library provision

3.20 The library was a welcoming space, well furnished with comfortable sofas, enabling detainees to relax while reading books or periodicals. In our survey, 81% said that access to the library was good. Women were offered the opportunity to attend the library during the periods that men were locked up, but few did so.

3.21 The stock of about 3,000 books included a range in 16 languages as well as English. Much of the stock had been renewed since the last inspection, and its condition was good. Reference books on immigration law were available, although some of those on display were out of date. A small selection of 'easy reader' books was available and there was a good stock of daily newspapers and magazines, including women's magazines, and some foreign language newspapers.

3.22 There was a stock of almost 500 DVDs, including 90 in foreign languages, which detainees could borrow to play on the televisions in their cells. The library had a small stock of e-readers, which were available for loan. Four computers enabled detainees to access the internet.

3.23 The library was managed by a qualified librarian with assistance from detainee custody staff. Reader development activities were offered, including an 'author of the month' promotion and a monthly book club meeting. The library also hosted weekly chess competitions and provided recreational materials such as puzzles and colouring books. Items borrowed by detainees were recorded on computer, but there was no analysis of the books issued to inform decisions on acquisitions.

Fitness provision

3.24 The facilities for sport and fitness activities were good. There was a well-equipped room for cardiovascular training, a weights room and a sports hall. Participation in sports activities such as football and badminton was good. The PE team offered a level 1 course in nutrition and fitness, which about 20 detainees had passed over the last year. A weekly session of yoga and mindfulness was also offered.

3.25 The PE team monitored the participation of different groups and adjusted the activity programme in an effort to appeal to any that were under-represented. They also had regular meetings with a user group which made suggestions for improvements to the provision.

3.26 Access to the gym was very good for men. They could attend all day and into the evening if they wished. All received an induction to the gym, including basic health, safety and hygiene guidance. However, the induction did not cater adequately for speakers of other languages to ensure that they understood and could use the equipment safely (see recommendation 3.10).

3.27 Access to the gym for women was limited. Exercise cycles had recently been installed on the Sahara unit, and staff had been trained to instruct detainees in their use. Women detainees were offered the opportunity to attend the main gym during meal breaks, when men were not present, but only two had attended in the fortnight before the inspection.

3.28 The Team of Life programme was a good initiative offered by the mental health service in conjunction with the gym (see paragraph 2.59). Twelve detainees attended a one-day course to help them recognise and develop their skills, strengths and resilience using an approach based on the different roles in a football team. The course was successfully offered in the inspection week, and once in the previous summer.

Good practice

3.29 *Teachers in the education department encouraged lively social interaction between detainees from different ethnic groups, creating a positive social atmosphere in the education area and an enjoyable experience for detainees.*

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 welfare office was open seven days a week. Detainees could drop in between 9am and noon, 2 to 5pm and 7 to 8.45pm. Outside these times welfare staff helpfully undertook outreach work with detainees who were unable to attend the office, for example women detainees and those held in the separation unit. The department was busy and averaged several hundred welfare contacts each month.

4.2 The welfare office was popular with detainees, in part because of access to fax and email services (see paragraph 4.24). Home Office complaint forms were available in a range of languages, as were several Hibiscus[15] 'returning to home' booklets and contact details for several non-governmental organisations (NGOs) and support agencies, and services such as Hillingdon Samaritans and the Law Society. However, too many of the notices were in English only.

4.3 Welfare staff introduced the induction session to newly arrived detainees, but did not promote adequately the services and support that they themselves offered (see paragraph 1.5). Detainees were not seen by welfare staff for an individual interview so their immediate welfare needs were not formally assessed (see recommendation 4.33). However, welfare staff were experienced and enthusiastic, and helpful and diligent in helping detainees who sought assistance.

4.4 Although a separate office was available, discussions with detainees were not always held in confidence. Staff said they did make use of the professional interpreting service when required, but we saw instances when it was not used and would have been beneficial (see recommendation 1.6).

4.5 The welfare office offered useful help with matters such as the retrieval of property from sending establishments, the provision of legal forms, referring detainees to the legal aid surgery and assisting with general queries.

4.6 Two detainees were employed in paid roles to assist the work of the welfare office. One helped detainees to fax and send emails, while the other helped detainees to complete forms. There was no oversight of their work by staff to ensure that accurate messages and information were being conveyed.

4.7 The charity Hibiscus was based in the welfare office and continued to provide good support to help detainees with more complex problems and those being removed (see paragraph 4.29). The welfare office facilitated the legal aid surgeries three times a week, daily Home Office surgeries and sessions run by regular visiting advice agencies such as Detention Action, the Jesuit Refugee Service and Bail for Immigration Detainees. Work with these NGOs was well established and the co-location of several agencies helped to build effective working relationships and meet detainees' varied needs.

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[15] British charity working with foreign national prisoners and their families as part of the Female Prisoners Welfare Project.

4.8 Basic monitoring data were collated every month, with some details of the type of welfare query and the relative success of actions taken. These statistics and information were to form part of a revised safer detention meeting.

Recommendation

4.9 There should be sufficient staff oversight of the tasks undertaken by detainees employed in the welfare office, particularly regarding the completion of forms for other detainees.

Good practice

4.10 *The co-location of several agencies in the welfare office helped to build effective working relationships and meet detainees' varied needs.*

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.

4.11 Visiting arrangements were good with daily sessions available between 2 and 8.45pm. Visitors did not have to book in advance and could stay for the whole session. Detainees in our survey and groups reported positively on treatment by visits staff.

4.12 Visitors were required to book in at the visitors' centre on arrival. A free publicly funded bus service was available to and from the airport and nearby train station. These services were not well promoted. Visitor feedback forms were available but were stored in the staff area with the collection box.

4.13 Visitors required a one-pound coin to use the lockers and were only allowed to take change into the centre to use in the visits hall. There was no provision for them to convert notes into change and they were advised to go to a local restaurant for change, which was unhelpful. More positively, visitors could take money and property into the centre for detainees.

4.14 After a proportionate and respectful search at the entrance to the centre, visitors were escorted into the visits hall. We saw no evidence of delays and most visitors we spoke to were reasonably content with the system and their treatment by staff.

4.15 The visits room was a decent size and in reasonable condition. Seating was comfortable and there was a children's play area, although it contained little to occupy a child over the age of three. The toilets were clean and contained baby-changing facilities. However, a limited range of nappies was provided. They were untidily stored and the only jar of baby food present was three months out of date. Most information on display was in English only. Visitor survey forms were again located where staff were sitting, potentially deterring completion.

4.16 In the visits sessions that we observed, visitors were required to wear a wristband. We were told that children were not searched. Detainees and their family members were allowed appropriate physical contact in the visits room, although signs advising that 'no petting' was allowed were poorly worded and unnecessarily officious. Detainees were not allowed to use

their mobile phones in visits, which was an unnecessary restriction. Staff we spoke to had little awareness of safeguarding measures and procedures (see paragraph 1.31).

4.17 Vending machines were intended to provide hot drinks and snacks in the visits room. However, the snacks vending machine was empty, as in the visitors' centre. This was a consistent complaint among visitors and detainees. Managers advised us of contractual issues with the supplier which were being addressed.

4.18 If there were concerns about a detainee's welfare, a referral could be made to the chaplaincy who had a network of visitors from faith organisations who could befriend detainees. Referrals were not made to the NGOs who regularly attended the centre. There was no system for identifying and monitoring detainees who did not receive visits and might be isolated.

Recommendation

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

Communications

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

4.20 Access to telephones was good and, in our survey, 72% of detainees said it was easy to use the phone. Detainees received a free phone call in reception on arrival at the centre and £5 credit for their mobile phones once they had attended induction. If a detainee was not allowed to keep a personal mobile phone because it had a camera or recording equipment, centre staff provided a phone which detainees could top up from phone cards sold at the detainee shop. The centre did not have a system for detainees with no money to make free weekly calls, but the welfare office organised calls on an ad hoc basis. The fixed phones for incoming calls that we observed on residential units at the last inspection were no longer in place except for the women's unit.

4.21 Detainees had good access to computers which were available in the IT suite, library, echo wing and Sahara unit. The IT suite was busy but well managed by staff who ensured that all detainees had equitable access. Computer equipment had been updated since the last inspection and was now fit for purpose. Detainees had access to the internet and email, and could open PDF and Word documents. Printing was permitted but only by sending documents and emails to staff first and was therefore not confidential.

4.22 A wide range of important legal websites and foreign language news sites were accessible. Detainees could ask for certain locked internet sites to be unblocked. Evidence that we viewed showed that proportionate decisions were taken and that some sites were subsequently made accessible to detainees, predominantly so that legitimate research on their home or destination countries could be carried out. Detainees were still not able to access social networks or video-calling sites.

4.23 One fax machine was available to detainees, which was in the welfare office. We were informed that there were plans to reintroduce them to residential units which had been the

case at the previous inspection. However, despite this reduction, detainees we spoke to were reasonably happy with the service.

4.24 In our survey, 27% of detainees said they had problems sending or receiving mail, although we found the arrangements to be reasonably good. All detainees could send one free letter a week. There was a designated post box for outgoing mail beside the detainee shop which was emptied daily. Incoming faxes and mail were received in one designated administration area and staff ensured these were distributed to residential units each day. Staff did not read detainees' mail.

Recommendation

4.25 **Detainees should have access to Skype and social networking sites unless an individual risk assessment determines that this is inappropriate.** (Repeated recommendation 4.18)

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.

4.26 During the previous six months, 1,728 detainees had been removed, 569 transferred to other centres and 668 released. Although the proportion of detainees removed continued to reflect the use of Colnbrook as one of the last stages in the detention estate for removal, the percentage of detainees being released had increased since our last inspection (23% of all detainees leaving the centre compared with 16%). Detainees were not routinely seen before discharge from the centre.

4.27 The centre held individual strategy meetings to plan for the removal or transfer of complex cases. The meetings tended to focus on detainees who were anticipated to be refractory rather than those who might have specific needs or vulnerability. Resulting plans focused only on detainees' removal or transfer and would have been improved by addressing resettlement needs.

4.28 Removal and transfer arrangements could leave detainees with little time to inform family and friends. Detainees received as little as 30 minutes' notice before they were transferred to another centre, while some detainees were allocated to charter flights as 'reserves'. Detainees were now informed that they might not travel when collected from the IRC for a charter flight, but the process still caused unnecessary distress and uncertainty.

4.29 Detainees being removed had access to some country information packs and those who needed them received clothes and suitable bags. Detainees could apply for funds to reach their final destinations. The Home Office provided some payments and Hibiscus could also provide some financial support for travel and wider resettlement needs.

4.30 Force was not used on detainees on the first transfer or removal attempt. Instead, they were spoken to and encouraged to leave. If this proved unsuccessful, the move was cancelled and a suitable escort crew booked for another day.

4.31 Detainees released into the UK were given travel warrants and staff ensured they could reach the local train stations using either a free bus service or taxi. If family and friends could

not pick them up, or discharge times were too late at night, the Home Office could arrange for detainees to spend a night in a local hostel or shelter before completing their journey the following day. All released detainees were given a summary of their medical records and at least a week's supply of any prescribed medication.

4.32 We were informed by NGOs and staff at the centre that detainees were being released homeless or into non-sustainable accommodation, but no local data or records were maintained and neither the Home Office nor the centre knew the extent of the problem (see paragraph 1.64).

Recommendations

4.33 Detainees should be routinely seen on arrival and before discharge to ensure that welfare matters are identified and addressed.

4.34 Complex removal meetings should focus on detainees with vulnerabilities and their resettlement needs, as well as detainees who might prove refractory.

4.35 The process of having involuntary 'reserves' for chartered flights should cease.

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 and centre manager

5.1 The centre should monitor Rule 35 reports to ensure they are submitted when necessary. Psychiatrists should be able to submit Rule 35 reports concerning the mental health of detainees. Reports should contain sufficient detail to inform a proper assessment of the vulnerability of the detainee. Home Office responses should be timely. Where evidence of torture is accepted, detention should only be maintained in exceptional circumstances. (S36)

Main recommendations — To the centre manager

5.2 The living environment for all detainees should be more open and security restrictions should be proportionate to the risks presented. Detainees should not be locked in their cells. (S37)

5.3 Residential units should be kept clean, in good repair and well ventilated. Rooms should be sufficiently furnished to allow for storage and security of possessions and all showers and toilets should be properly screened**.** (S38)

Recommendations — To the Home Office

Arrival and early days in detention

5.4 There should be a strict time limit on the length of detention and caseworkers should act with diligence and expedition. (1.66, repeated recommendation 1.62)

Safeguarding

5.5 The Home Office should ensure that the centre has an up-to-date record of adults at risk, so that targeted support can be provided. (1.22)

Legal rights

5.6 All detainees at the Legal Aid Agency advice surgeries should be given enough time to explain their circumstances and receive advice over the full allocated half-hour interview. (1.65, repeated recommendation 1.56)

Health services

5.7 Detainees who are experiencing severe and acute mental illness should not be in immigration detention. (2.65)

Activities

5.8 The Home Office should not prevent detainees from working. (3.11, repeated recommendation 3.16)

Communications

5.9 Detainees should have access to Skype and social networking sites unless an individual risk assessment determines that this is inappropriate. (4.25, repeated recommendation 4.18)

Leaving the centre

5.10 The process of having involuntary 'reserves' for chartered flights should cease. (4.35)

Recommendation — To the Home Office and centre manager

Leaving the centre

5.11 Complex removal meetings should focus on detainees with vulnerabilities and their resettlement needs, as well as detainees who might prove refractory. (4.34)

Recommendations — To the centre manager

Arrival and early days in detention

5.12 Newly arrived detainees should have a private interview with a member of the centre staff, who should give them adequate information in their own language about services and support available. (1.6)

5.13 Every detainee should spend their first night in a cell which is in a decent condition. (1.7)

5.14 Every detainee should gain an understanding during induction of how to feel safe and how to access all key activities and services in the centre, supported by written information which they can understand. (1.8)

Safeguarding

Safeguarding children

5.15 All detainees whose age is in dispute should have a multidisciplinary care plan and prompt, thorough assessments, which ensure that children are identified and released from detention. (1.32)

Personal safety

5.16 All allegations of antisocial behaviour or violence should be fully investigated and acted on accordingly. Detainee custody officers should understand and apply the centre's violence reduction and anti-bullying policies. (1.37)

Security and freedom of movement

5.17 Detainees should not be routinely handcuffed during escorts or hospital appointments. Restraints should be applied only if a risk assessment indicates a specific risk of escape or to the safety of the public, staff or other detainees. (1.45)

5.18 There should be a coordinated, centre-wide approach to substance supply and reduction, with regularly monitored action plans, and forums for systematic discussion of substance use. (1.46)

Use of force and single separation

5.19 All planned use of force incidents should be video recorded and body-worn cameras routinely turned on during spontaneous incidents. (1.53)

Staff–detainee relationships

5.20 Officers should be visible in units and interact regularly and positively with individual detainees to help support them during their detention. (2.4, repeated recommendation 2.14)

Daily life

Living conditions

5.21 The centre should ensure that exercise yards offer a welcoming environment. (2.9, repeated recommendation 2.6)

5.22 Women should have access to sufficient suitable activities both on and off the unit. (2.10)

Residential services

5.23 Food should provide a healthy, balanced diet and all diets should be catered for. (2.17)

Equality, diversity and faith

Strategic management

5.24 A regular cycle of equality meetings, with data analysis and progress reports relating to all protected characteristics, should lead to measurable improvements in outcomes for detainees. (2.20)

Protected characteristics

5.25 All detainees' protected characteristics should be systematically identified on arrival and support offered where necessary. (2.26)

5.26 Interpreting should be used on all occasions where confidentiality is required, or where no alternative is available, to ensure that detainees understand information they are being given and can express themselves. (2.27)

Health services

Strategy, clinical governance and partnerships

5.27 Health care staff should have regular recorded clinical and managerial supervision. (2.45)

5.28 Health information, including health promotion material, should be available in a range of languages and visible signs should promote the availability of translated material. (2.46)

5.29 The use of professional telephone interpretation should be used more consistently and detainees should not be used as interpreters in confidential health appointments. (2.47)

5.30 The automated external defibrillators (AEDs) available to centre staff should be regularly checked via a robust monitoring system and all staff on duty should know the location of the nearest AED. (2.48)

Mental health

5.31 The range and frequency of interventions for detainees with mild to moderate needs should be increased. (2.64)

Activities

Access to activities

5.32 Activities inductions should ensure that all detainees are aware of the activities available and how they might help them. (3.10)

5.33 Managers should effectively monitor the quality of provision and undertake a self-assessment to inform future improvement plans. (3.12)

Welfare

5.34 There should be sufficient staff oversight of the tasks undertaken by detainees employed in the welfare office, particularly regarding the completion of forms for other detainees. (4.9)

Visits and family contact

5.35 The centre should identify detainees who do not receive a visit. They should be supported to ensure they are not at an increased risk of isolation and heightened vulnerability, and referrals made to support organisations as necessary. (4.19)

Leaving the centre

5.36 Detainees should be routinely seen on arrival and before discharge to ensure that welfare matters are identified and addressed. (4.33)

Good practice

5.37 Home Office caseworkers telephoned in to the weekly complex case meeting. (1.23)

5.38 An external, independent body scrutinised a random number of use of force incidents and those which the centre highlighted as a concern. (1.54)

5.39 The 'cultural kitchen' had high quality cooking facilities and had been developed further as a means of supporting those of different cultures. A monthly cycle of nationality forums was now attached to the cultural kitchen so that groups established an informal rapport in cooking and eating together, then moved into a discussion of any issues concerning their nationality group in the centre. (2.28)

5.40 The Team of Life' workshop was a positive initiative to help detainees who had experienced traumatic experiences to focus on their skills, strengths, resilience and hope through physical activity and psychological interventions. (2.66)

5.41 Teachers in the education department encouraged lively social interaction between detainees from different ethnic groups, creating a positive social atmosphere in the education area and an enjoyable experience for detainees. (3.29)

5.42 The co-location of several agencies in the welfare office helped to build effective working relationships and meet detainees' varied needs. (4.10)

Section 6. Appendices

Appendix I: Inspection team

Peter Clarke	Chief inspector
Hindpal Singh Bhui	Team leader
Colin Carroll	Inspector
Deri Hughes-Roberts	Inspector
Martin Kettle	Inspector
Tamara Pattinson	Inspector
Kam Sarai	Inspector
Bev Alden	Inspector
Esra Sari	Inspector
Michael Dunkley	Inspector
Maureen Jamieson	Health services inspector
Shaun Thomson	Health services inspector
Kathleen Byrne	Care Quality Commission inspector
Tim Byrom	Care Quality Commission inspector
Steve Oliver-Watts	Associate activities inspector
Chris Rush	Observer
Helen Ranns	Researcher
Patricia Taflan	Researcher
Sharlene Andrew	Researcher
Emma Seymour	Researcher
Charli Bradley	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 2016, detainees often arrived after exhausting night-time journeys and did not receive a private interview to assess their risks or welfare needs on arrival. The regime in the induction unit had improved, but the environment was poor and unwelcoming. Levels of violence were not high and the atmosphere in the centre was calm. Self-harm was relatively infrequent but there were some shortcomings in case management. Security was proportionate and detainees could move around the centre more freely than at the last inspection. Safeguarding processes were reasonable. The rewards scheme seemed largely irrelevant. Use of force was generally proportionate but governance and quality assurance were not sufficiently robust. Conditions in the separation unit were stark, but separation took place for appropriate reasons. There were sufficient legal advice surgeries. Too many detainees were held for unnecessarily long periods, but the number of prolonged detentions had declined. Rule 35 protection for detainees believed to be torture survivors or who were vulnerable for other reasons were much more effective than we usually see. Outcomes for detainees were reasonably good against this healthy establishment test.

Recommendations

Detainees should not be subjected to unnecessarily long or overnight transfers between places of detention. (1.4)
Partially achieved

Arrival procedures, including a private interview, should ensure that detainees' individual needs are identified and addressed and that they feel safe and well supported on their first night. (1.10)
Partially achieved

All detainees, including women and those who speak little English, should receive an effective induction to the centre. (1.11)
Not achieved

All relevant staff should attend safer custody meetings and detainee custody officers should understand and apply the centre's violence reduction and anti-bullying policies. (1.17)
Not achieved

The care of detainees in crisis, including those on an ACDT and those under constant observation, should be consistent, effective, and sensitive to the detainee's state of well-being. (1.23)
Achieved

All staff who have contact with detainees should have up-to-date safeguarding children training. (1.30)
Not achieved

Social services should carry out a prompt Merton-compliant age assessment for all detainees who say they are children. (1.31)
Not achieved

Detainees should not be locked in rooms overnight. (1.39)
Not achieved

Risk assessments for handcuffing detainees on escorts should be detailed and the justification for a decision to cuff should be clear and defensible. (1.40)
Not achieved

Managers should ensure that all staff are aware of the SIR system and encourage them to submit relevant intelligence reports. (1.41)
Achieved

Governance and quality assurance of use of force should be robust and effective. (1.49)
Achieved

Subject to risk assessment, detainees separated under rule 40 should be allowed a radio and/or television in their room. (1.50)
Achieved

All detainees at the detention advice surgeries should be given enough time to explain their circumstances and receive appropriate advice over the full allocated half-hour interview. (1.56)
Not achieved (Recommendation repeated, 1.65)

There should be a strict time limit on the length of detention and caseworkers should act with diligence and expedition. (1.62)
Not achieved (Recommendation repeated, 1.66)

Respect

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

At the last inspection in 2016, residential units remained stark, cleanliness was poor in some areas, and lack of ventilation remained a major problem. The induction unit was grim. Only about half the detainees said most staff treated them with respect. The management of equality and diversity remained underdeveloped, although outcomes appeared appropriate. Faith provision was reasonably good. Complaints dealt with by the centre were well managed. Serious staffing shortages in the health care department were affecting some key aspects of detainee care and some aspects of mental health support were inadequate. The enhanced care unit was not sufficiently therapeutic. The food had improved. Outcomes for detainees were not sufficiently good against this healthy establishment test.

Main recommendations

All rooms and communal areas in residential units should be in good repair and well ventilated, with adequately screened showers. The very poor living conditions in the induction accommodation should be improved as a matter of priority. (S35)
Not achieved

There should be enough permanent health care staff to ensure continuity and consistency of care and effective involvement in ACDT processes and other key local service meetings. (S36)
Achieved

Detainees with severe mental illnesses should not be in immigration detention. Transfers under the Mental Health Act should take place promptly. Detainees with less severe primary and secondary mental health problems should have prompt access to an appropriate range of services. (S37)
Partially achieved

Recommendations

The centre should ensure that exercise yards offer a welcoming environment. (2.6)
Not achieved (Recommendation repeated, 2.9)

Women should have access to sufficient and suitable activities, and be able to spend at least an hour in the open air every day. (2.11)
Partially achieved

Officers should be visible in units and interact regularly and positively with individual detainees to help support them appropriately during their detention. (2.14)
Not achieved (Recommendation repeated, 2.4)

All detainees' protected characteristics should be systematically identified on arrival. (2.20)
Not achieved

Diversity monitoring should be meaningful and presented so that potential disadvantages are obvious. The analysis and investigation of any imbalances identified should be recorded. (2.21, repeated recommendation 2.25)
Not achieved

Detainees should be able to raise issues on any aspect of equality through regular consultation meetings and surveys. These issues should be recorded in an action plan and addressed. (2.29)
Not achieved

The reasons for detainees' poor perceptions of religious activity should be investigated and the findings acted on. (2.34)
Achieved

Responses to complaints should be written in the same language as the complaint itself. (2.38)
Not achieved

Health staff should have regular recorded clinical and managerial supervision. (2.50)
Not achieved

Detainee's clinical records and related health information should be kept confidential at all times in accordance with national information governance standards. (2.51)
Achieved

Detainees who do not speak or read English well should have easy access to professional interpretation in health care and translated material, including information about health services and health promotion. (2.52)
Not achieved

Detainees should be able to complain about health services using an effective well-advertised confidential health complaints system; they should receive replies promptly. (2.53)
Achieved

Nurses completing reception screening should communicate significant health information to centre staff with detainees' consent to ensure that their needs are met. (2.60)
Achieved

Rule 35 assessments should be completed promptly. (2.61)
Achieved

Appropriately trained nursing staff should carry out assessments and reviews for detainees with lifelong conditions and significant health needs, which should lead to a clear care plan drawn up with the detainee's involvement. (2.62)
Achieved

Detainees in the enhanced care unit should have a clear regularly reviewed multidisciplinary care plan and receive support from a consistent group of specially trained officers. (2.63)
No longer relevant

Prescriptions for controlled drugs should comply fully with all legal requirements. (2.69)
Achieved

Medication should be administered from an appropriate clinical environment and custodial staff should provide adequate supervision during medicines administration to ensure confidentiality and prevent diversion and bullying. (2.70)
Achieved

All medication administration records should be complete; staff should follow up detainees who fail to attend medication administration sessions and record non-attendance on clinical records. (2.71)
Achieved

The centre should have a robust substance use strategy, underpinned by a clear action plan and forums where substance use is systematically discussed. (2.81)
Not achieved

Detainees who require clinical treatment for drug and alcohol dependence should have clear care plans, regular reviews and psychosocial support that meets their needs. (2.82)
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 2016, detainees had better access to a number of planned recreational activities. The range of education was limited but teaching and learning were good. There was insufficient work for the population and only a third of detainees said they could fill their time at the centre. The library provided a generally good service. The gym was well equipped and well used. Outcomes for detainees were reasonably good against this healthy establishment test.

Recommendations

Outdated computers and software and old equipment and resources in the cultural kitchen should all be updated to meet detainees' needs. (3.10)
Achieved

Monitoring of teaching, learning and assessment should incorporate a greater focus on learners' experiences and be informed by data, which should be used effectively to improve the provision. (3.11)
Not achieved

All detainees should have the opportunity to undertake paid work and receive an induction and/or training that helps them do the work effectively. (3.15)
Achieved

The Home Office should not prevent detainees from working. (3.16)
Not achieved (Recommendation repeated, 3.11)

The range of reading material for detainees should be updated and include well displayed, suitable reading material for readers of all abilities and ages. (3.21)
Achieved

Gym induction material should be available in a range of languages. (3.26)
Not achieved

Preparation for removal and release

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

At the last inspection in 2016, welfare services did good work with a large number of detainees who received good support from third sector agencies. Visits arrangements were good. Detainees could easily access communications technology. Removals for complex cases were well planned. Outcomes for detainees were good against this healthy establishment test.

Recommendations

Visitors should be given a clear explanation of what personal data is held by the centre and the Home Office, for how long and for what purpose. (4.12)
Achieved

Visitors should be brought to the visits hall promptly. (4.13)
Achieved

Detainees should have access to Skype and social networking sites unless an individual risk assessment determines that this is inappropriate. (4.18)
Not achieved (Recommendation repeated, 4.25)

Only detainees volunteering for removal should be placed on a reserve list for a charter flight. (4.24)
Not achieved

Appendix III: Care Quality Commission Requirement Notice

Requirement Notices

Provider: Central and North West London NHS Foundation Trust
Location: IRC Colnbrook
Location ID: RV3KJ
Regulated activities: Treatment of disease, disorder, or injury; Diagnostic and screening 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 it is going to take to meet these regulations.

Regulation 17 Good governance	**17**.—(1) Systems or processes must be established and operated effectively to ensure compliance with the requirements in this Part. (2) (a) assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services);

How the regulation was not being met:

Some systems and processes to support good governance and management of the service were limited and were not implemented to effectively monitor and improve the quality and safety of the services provided.

Staff supervision

Supervision arrangements were limited, inconsistently applied and were not reviewed as part of the overall governance systems and processes of the trust.

Some staff had not attended supervision sessions for a number of months, other staff did not access regular supervision sessions in line with the trust's policy and recording of supervision sessions were not consistently maintained.

Not all staff including clinical leads accessed regular supervision in line with the trust's Clinical and Managerial Supervision Policy

Records of individual staff supervision sessions were not consistently maintained.

Patient care

The systems and processes did not fully assess, monitor and mitigate some risks relating to the health, safety and welfare of people using services and others.

The trust's Health Delivery Action Plan (HDAP) had previously identified in March 2018 that professional translation and interpreting services should be used in all cases where confidentiality or accuracy was required.

Despite their availability, interpretation services were not used consistently during health care consultations. Detainee peers were sometimes used as interpreters and this compromised patient confidentiality.

Written information about healthcare services was not available in alternative languages or in an accessible user-friendly format.

Appendix IV: Detainee population profile

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

Population breakdown by:

(i) Age	No. of men	No. of women	No. of children	%
Under 1 year	0	0	0	0.0%
1 to 6 years	0	0	0	0.0%
7 to 11 years	0	0	0	0.0%
12 to 16 years	0	0	0	0.0%
16 to 17 years	0	0	0	0.0%
18 years to 21 years	9	2	0	4.5%
22 years to 29 years	72	5	0	31.3%
30 years to 39 years	91	5	0	39.0%
40 years to 49 years	38	1	0	15.9%
50 years to 59 years	19	3	0	8.9%
60 years to 69 years	1	0	0	0.4%
70 or over	0	0	0	0.0%
Total	**230**	**16**	**0**	**100**

(ii) Nationality Please add further categories if necessary	No. of men	No. of women	No. of children	%
Afghanistan	2	0	0	0.8%
Albania	25	1	0	10.6%
Algeria	3	0	0	1.2%
Angola	0	0	0	0.0%
Bangladesh	17	0	0	6.9%
Belarus	0	0	0	0.0%
Cameroon	0	0	0	0.0%
China	20	2	0	8.9%
Colombia	0	0	0	0.0%
Congo (Brazzaville)	0	0	0	0.0%
Congo Democratic Republic (Zaire)	2	0	0	0.8%
Ecuador	0	0	0	0.0%
Estonia	1	0	0	0.4%
Georgia	0	0	0	0.0%
Ghana	4	0	0	1.6%
India	24	1	0	10.2%
Iran	0	0	0	0.0%
Iraq	19	0	0	7.7%
Ivory Coast	0	0	0	0.0%
Jamaica	5	1	0	2.4%
Kenya	1	0	0	0.4%
Kosovo	0	0	0	0.0%

Latvia	2	0	0	0.8%
Liberia	0	0	0	0.0%
Lithuania	1	0	0	0.4%
Malaysia	0	0	0	0.0%
Moldova	0	0	0	0.0%
Nigeria	12	0	0	4.9%
Pakistan	10	1	0	4.5%
Russia	0	0	0	0.0%
Sierra Leone	1	0	0	0.4%
Sri Lanka	1	0	0	0.4%
Trinidad and Tobago	0	0	0	0.0%
Turkey	3	0	0	1.2%
Ukraine	3	1	0	1.6%
Vietnam	7	2	0	3.7%
Yugoslavia (FRY)	0	0	0	0.0%
Zambia	0	0	0	0.0%
Zimbabwe	0	0	0	0.0%
Other (please state)	67	7	0	30.1%
Total	**230**	**16**	**0**	**100**

(iii) Religion/belief Please add further categories if necessary	**No. of men**	**No. of women**	**No. of children**	**%**
Buddhist	20	2	0	8.9%
Roman Catholic	27	5	0	13.0%
Orthodox	3	0	0	1.2%
Other Christian religion	44	3	0	19.1%
Hindu	12	1	0	5.3%
Muslim	84	1	0	34.5%
Sikh	14	0	0	5.7%
Agnostic/atheist	1	0	0	0.4%
Unknown	4	0	0	1.6%
Other (please state what)	21	4	0	10.2%
Total	**230**	**16**	**0**	**100**

(iv) Length of time in detention in this centre	No. of men	No. of women	No. of children	%
Less than 1 week	70	16	0	34.9%
1 to 2 weeks	41	0	0	16.6%
2 to 4 weeks	35	0	0	14.2%
1 to 2 months	33	0	0	13.4%
2 to 4 months	25	0	0	10.2%
4 to 6 months	10	0	0	4.1%
6 to 8 months	8	0	0	3.3%
8 to 10 months	6	0	0	2.4%
More than 10 months (please note the longest length of time)	2	0	0	0.8%
Total	**230**	**16**	**0**	**100**

(v) Detainees' last location before detention in this centre	No. of men	No. of women	No. of children	%
Community	62			
Another IRC	88			
A short-term holding facility (e.g. at a port or reporting centre)	248	These figures are for the month of November, we do not have a report to separate these.		
Police station	78			
Prison	111			

Appendix V: Summary of detainee interviews

Every detainee in Colnbrook was offered a confidential individual interview with an inspector, and a total of 41 detainees initially took up this offer. One did not want to be interviewed when he arrived. We also issued an invitation, through various support groups, for recently released detainees to speak to us. We conducted brief telephone interviews with two men as a result. All the interviewed detainees were men. The interviews were semi-structured and held from 19 to 27 November 2018. What follows is a brief summary of the key messages that emerged. The opinions of interviewers are not included, and this represents only the views of interviewees. These interviews were used as one source of evidence to inform the rounded judgements made by inspectors in the body of this report. The men we spoke to were self-selecting, and the percentages here do not supplant those of our randomised survey (Appendix V). 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 42 detainee interviews

Safety

About a third of interviewed detainees (35%)[16] said they felt unsafe. Most said this was because of the fear of removal, lengthy detention or the availability of drugs.

Very few detainees said they felt physically unsafe in the centre. None said they had been assaulted by staff and one said he had been assaulted by another detainee during a dispute over drugs. Detainees who had never been in custody before were more likely to report feeling unsafe on arrival. Detainees reported that interpreting was not always used in reception and at other times when needed, but that their overall reception experience was reasonable.

Detainees who said they felt most unsafe (seven rated safety as 'poor') mentioned factors such as fear of removal, concerns about immigration cases, lengthy and open-ended detention, the fact that other detainees were stressed and sometimes angry, and the availability of drugs. One described the lack of time limit in this way: 'I don't know whether I am coming and going, I'm in limbo.' Some detainees referred to the removal of detainees in the middle of the night as causing fear; one said this was like 'mental torture' and another said, 'I don't feel safe because at night, 2 or 3 times a week, security staff come and take people away who scream. I've been told they are plain-clothes people without any ID taking them away.' Many detainees mentioned drugs, including NPS, as a significant problem in the centre.

A few mentioned feeling intimidated by other detainees, sometimes because they were ex-prisoners. However, most detainees said that other detainees were respectful and few had seen fights. Most of those who did report problems said that staff stepped in quickly and stopped them.

78% of interviewed detainees said they were treated well or reasonably well by staff and 22% that they were not treated well enough (none said they were treated poorly).

Most detainees said that staff treated them at least reasonably well, for example describing them as 'helpful and kind'. None had seen staff behaving inappropriately towards another detainee. The few detainees who were critical of staff mentioned factors such as some staff being unhelpful or rude, or sitting in offices rather than helping them.

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[16] Percentages are based on the 40 men with whom face-to-face interviews were conducted. The telephone interviews were briefer and less structured.

Poor living conditions and poor food were the biggest concerns about daily life

A substantial number of detainees made specific comments about poor living conditions, especially cold and poorly ventilated rooms, poor hygiene and problems with mice. A few also spoke about detainees smoking without adequate challenge by staff.

Another consistent theme in detainee interviews was criticism of the food. They reported a lack of choice, unhealthy food, a lack of variety and poor preparation or cooking.

Some detainees reported that they did not know how to make a complaint and there was generally little confidence in the complaints system.

55% of interviewed detainees said their physical and mental health needs were not met

There were mixed reports about health care. While some detainees praised the level of care given to them by health care staff, negativity about health care provision was a stronger theme. Detainees cited factors such as health care staff not caring, long waits for appointments or inadequate medication and treatment. Many said that health care staff were unhelpful and did not take them seriously. Detainees reported that they often waited a long time to get medication.

Main negatives and priority areas for improvement

Uncertainty about immigration status and anxiety about removal

Rooms very cold at night

Centre being dirty

Bad food

Main positives

Staff

The gym

Appendix VI: Summary of staff interviews and survey

Forty-two interviews were completed with 28 randomly selected detainee custody officers, four detainee operational managers, six health care staff and four Home Office staff. All staff were in detainee contact roles and were interviewed from 19 to 27 November 2018. This equated to 20% of uniformed staff, 20% of health care staff and 22% of Home Office staff. In addition, 51 staff (approximately 24%) 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 few significant differences between the survey and interview responses and most of 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 42 staff interviews and 51 staff survey responses

Safety

84% of interviewed staff thought that safety in the centre was at least reasonably good (17% said good, 14% said not good enough, none said poor).

Most staff thought that safety was reasonable but some said they felt intimidated by detainees and as a result were unable to address poor behaviour. A few said that Echo unit felt less safe due to the layout. Most staff reported that the only illegal activity they felt occurred in the centre was illicit drug use.

90% of interviewed staff said they had not seen inappropriate treatment of detainees.

No-one reported concerns about abuse or illegal behaviour by staff. All but four staff said they had never seen detainees treated inappropriately. Of the four who were more critical, two said that they had seen staff being rude to detainees; the third said that use of force had been resorted to too quickly in one case; and the fourth said that a detainee had been kept in restraints for too long.

In our staff survey, four (out of 51) staff said they had seen inappropriate behaviour towards detainees, and each of these four people described a patronising manner or rudeness, mainly by health care staff. None of them mentioned intimidation or assault.

No staff said they had seen excessive use of force and most said that paperwork was filled in correctly. However, a few members of staff said they felt on occasion there had been insufficient attempts at de-escalating a situation before using force.

Staff were usually confident about raising concerns.

Staff were usually confident to whistle-blow and raise concerns about vulnerable detainees. However, two said that, although they knew the whistleblowing policy, they would not use it as they lacked trust in the process and did not believe it would be confidential. In our staff survey, while staff would report concerns, 28% of them thought that they probably (16%) or definitely (12%) would not be taken seriously.

Most Mitie staff did not know of the National Referral Mechanism (NRM) but all were confident about what they would do if they suspected trafficking. They had a reasonably good grasp of the importance of highlighting concerns. The Home Office staff all had a good understanding of the NRM and the adults at risk policy. All knew how to make a referral.

79% of interviewed staff said they felt stressed and 38% said they were not supported in their roles. Most mentioned excessively long shifts that undermined their ability to work effectively.

Most staff said they felt undervalued and unhappy. Some told us that they had obtained or were looking for other work. Many staff reported concerns about a lack of experienced staff, a high turnover of staff and very long shifts (over 13 hours). Most staff felt stressed, reporting the reasons for this as the amount of work and lack of senior management support. However, staff generally praised the support from line and middle managers. Some staff reported concerns about the lack of consistency in rostering and the fact that they were regularly posted all over the centre, which affected their ability to build relationships with detainees.

Many staff felt that detainees had a poor initial experience in Colnbrook.

Staff empathised with detainees spending their first nights in the centre, especially those who had never been in custody. They described detainees' impressions of entering the centre as 'daunting' or 'terrifying'. Many staff described the prison-like environment of the centre as unwelcoming for detainees. Some staff said that there was insufficient access to supplies for detainees and the first night rooms were often dirty. However, some staff contrasted the negative experience of men with the more welcoming Sahara women's unit. They thought that the general environment of the centre should be more like the Sahara unit.

90% of interviewed staff felt that staff-detainee relationships were at least reasonably good (10% good, none poor).

Nearly all staff thought that their approach and relationships with detainees were a strength of the centre. No staff reported any poor sub-cultures or bad behaviours. However, many staff said that they felt the change in contract provider had affected the welfare of detainees and their ability to access basic items such as toilet rolls, privacy curtains and working fax machines. Budget cuts were cited as the reason for this.

Mitie staff generally thought that Home Office staff treated detainees well and vice-versa. Health care staff also tended to think that the other staff groups treated detainees well. However, Mitie and Home Office staff were less positive about health care. Some said that health care staff were rude to detainees. In our staff survey, 40% said that health care staff did not treat detainees well enough (28%) or poorly (12%), citing concerns such as a lack of compassion, rudeness and a lack of continuity in health care staffing.

A third of interviewed staff said they did not have sufficient training for their roles.

Mental health among detainees was the biggest problem identified by staff and many said they felt they did not have sufficient training to manage detainees with mental health problems. Some staff said that they felt the mental health services were under-resourced.

Appendix VII: 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 interpreting 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 19 - 20 November 2018 the detainee population at Colnbrook IRC was 215. Using the method described above, questionnaires were distributed to 210 detainees.

We received a total of 140 completed questionnaires, a response rate of 67%. This included two questionnaires completed via interview. 21 respondents declined to complete a questionnaire and 49 questionnaires were not returned.

Returned language	Number of completed survey returns
English	74 (53%)
Chinese	19 (14%)
Albanian	6 (4%)
Bengali	6 (4%)
Hindi	6 (4%)
Vietnamese	6 (4%)
Polish	4 (3%)
Kurdish	3 (2%)
Portuguese	3 (2%)
Punjabi	3 (2%)
Russian	3 (2%)
Arabic	2 (1%)
Turkish	2 (1%)
Urdu	2 (1%)
Tigrinya	1 (1%)
Total	**(100%)**

Presentation of survey results and analyses

Over the following pages we present the survey results for Colnbrook 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[17] 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 have been weighted to enable valid statistical comparison between establishments.

The following comparative analyses are presented:

- The current survey responses from Colnbrook in 2018 compared with responses from detainees surveyed in all other IRCs. This comparator is based on all responses from detainee surveys carried out in seven IRCs since October 2016.

[17] 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.

- The current survey responses from Colnbrook IRC in 2018 compared with the responses of detainees surveyed at Colnbrook IRC in 2016.
- A comparison within the 2018 survey between the responses of non-English speaking detainees with English speaking detainees
- 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	127 (93%)
Female	10 (7%)

Q2 What is your age?

Under 18	1 (1%)
18-21	8 (6%)
22-29	46 (34%)
30-39	43 (32%)
40-49	25 (18%)
50-59	12 (9%)
60-69	1 (1%)
70 or over	0 (0%)

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

Africa	21 (16%)
North America	0 (0%)
South America	2 (2%)
Indian subcontinent (India, Pakistan, Bangladesh, Sri Lanka)	31 (23%)
China	16 (12%)
Other Asia	23 (17%)
Caribbean	4 (3%)
Europe	28 (21%)
Middle East	8 (6%)

Q4 Do you understand spoken English?

Yes	85 (63%)
No	50 (37%)

Q5 Do you understand written English?

Yes	79 (58%)
No	57 (42%)

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

None	12 (9%)
Church of England	9 (7%)
Catholic	23 (17%)
Protestant	2 (2%)
Other Christian denomination	14 (11%)
Buddhist	16 (12%)
Hindu	8 (6%)
Jewish	1 (1%)
Muslim	38 (29%)
Sikh	9 (7%)

Q7 Do you have a disability?

Yes	23 (18%)
No	105 (82%)

Section 2: Immigration detention

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

Yes	87 (65%)
No	46 (35%)

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	84 (67%)
Three to five	32 (26%)
Six or more	9 (7%)

Q10 How long have you been detained in this centre?

Less than 1 week	36 (26%)
More than 1 week less than 1 month	29 (21%)
More than 1 month less than 3 months	38 (28%)
More than 3 months less than 6 months	21 (15%)
More than 6 months less than 9 months	5 (4%)
More than 9 months less than 12 months	5 (4%)
More than 12 months	4 (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	48 (35%)
No	61 (45%)
Do not remember	28 (20%)

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

Less than one hour	29 (21%)
One to two hours	37 (27%)
Two to four hours	32 (24%)
More than four hours	31 (23%)
Do not remember	6 (4%)

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

Very well	24 (18%)
Well	48 (36%)
Neither	44 (33%)
Badly	10 (7%)
Very badly	9 (7%)
Do not remember	0 (0%)

Section 4: Reception and first night

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

Yes	113 (82%)
No	13 (9%)
Do not remember	11 (8%)

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

Yes	75 (59%)
No	29 (23%)
Do not remember/ Not applicable	24 (19%)

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

Very well	24 (17%)
Well	53 (38%)
Neither	42 (30%)
Badly	8 (6%)
Very badly	8 (6%)
Do not remember	3 (2%)

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

Yes	35 (27%)
No	84 (64%)
Do not remember	13 (10%)

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

Yes	41 (31%)
No	70 (53%)
Do not remember	22 (17%)

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

Do not need translated material	30 (25%)
Yes	18 (15%)
No	72 (60%)

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

Yes	76 (58%)
No	40 (31%)
Do not remember	15 (11%)

Q21 Did you feel safe on your first night here?

Yes	48 (36%)
No	74 (56%)
Do not remember	10 (8%)

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	30 (25%)
Loss of property	14 (11%)
Contacting family	19 (16%)
Access to legal advice	26 (21%)
Feeling depressed or suicidal	56 (46%)
Health problems	44 (36%)

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	30 (24%)
Yes	27 (22%)
No	66 (54%)

Section 5: Legal rights and immigration

Q24 Do you have a lawyer?

Do not need one	5 (4%)
Yes	94 (73%)
No	30 (23%)

Q25 Do you get free legal advice?

Do not need legal advice	8 (7%)
Yes	48 (39%)
No	66 (54%)

Q26 Can you contact your lawyer easily?

Yes	76 (61%)
No	14 (11%)
Do not know/ Not applicable	35 (28%)

Q27 Have you had a visit from your lawyer?

Do not have one	35 (28%)
Yes	30 (24%)
No	61 (48%)

Q28 Can you get legal books in the library?

Yes	54 (44%)
No	16 (13%)
Do not know/ Not applicable	54 (44%)

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

Very easy	4 (3%)
Easy	23 (19%)
Neither	37 (31%)
Difficult	27 (23%)
Very difficult	23 (19%)
Not applicable	5 (4%)

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

Yes	16 (13%)
No	59 (48%)
Do not know/ Not applicable	47 (39%)

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

Do not know/ have not tried	21 (17%)
Very easy	12 (10%)
Easy	27 (22%)
Neither	22 (18%)
Difficult	20 (16%)
Very difficult	23 (18%)

Section 6: Respectful detention

Q32 Can you clean your clothes easily?

Yes	107 (83%)
No	22 (17%)

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

Yes	127 (97%)
No	4 (3%)

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

Yes	70 (54%)
No	59 (46%)

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

Yes	60 (46%)
No	30 (23%)
Do not know	41 (31%)

Q36 What is the food like here?

Very good	3 (2%)
Good	17 (13%)
Neither	46 (35%)
Bad	29 (22%)
Very bad	36 (27%)

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

Have not bought anything yet	13 (10%)
Yes	45 (34%)
No	75 (56%)

Q38 Do you feel that your religious beliefs are respected?

Yes	89 (68%)
No	18 (14%)
Not applicable	23 (18%)

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

Yes	65 (51%)
No	17 (13%)
Do not know/ Not applicable	46 (36%)

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

Very easy	17 (13%)
Easy	29 (23%)
Neither	18 (14%)
Difficult	7 (6%)
Very difficult	8 (6%)
Do not know	47 (37%)

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

Yes	23 (18%)
No	88 (69%)
Do not know how to	16 (13%)

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

Yes	3 (2%)
No	17 (14%)
Not made a complaint	104 (84%)

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	81 (66%)
No	42 (34%)

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

Yes	99 (80%)
No	24 (20%)

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

Yes	21 (18%)
No	99 (83%)

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

Yes	21 (18%)
No	99 (83%)

Section 8: Safety

Q47 Do you feel unsafe in this centre?

Yes	58 (47%)
No	65 (53%)

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

Yes	28 (24%)
No	89 (76%)

Q49 If you have felt victimised by a detainee/group of detainees, what did the incident(s) involve?

Physical abuse (being hit, kicked or assaulted)	11 (48%)
Because of your nationality	7 (30%)
Having your property taken	3 (13%)
Drugs	6 (26%)
Because you have a disability	3 (13%)
Because of your religion/religious beliefs	6 (26%)

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

Yes	18 (16%)
No	94 (84%)

Q51 If you have felt victimised by a member of staff/group of staff, what did the incident(s) involve?

Physical abuse (being hit, kicked or assaulted)	4 (31%)
Because of your nationality	6 (46%)
Drugs	1 (8%)
Because you have a disability	3 (23%)
Because of your religion/religious beliefs	3 (23%)

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

Yes	5 (5%)
No	23 (22%)
Not been victimised	75 (73%)

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

Yes	20 (19%)
No	88 (81%)

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

Yes	16 (15%)
No	93 (85%)

Section 9: Healthcare

Q56 Is health information available in your own language?

Yes	32 (26%)
No	37 (31%)
Do not know	52 (43%)

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

Do not need an interpreter/ Do not know	56 (46%)
Yes	26 (21%)
No	41 (33%)

Q58 Are you currently taking medication?

Yes	66 (52%)
No	60 (48%)

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

Have not been to healthcare	22 (17%)
Very good	11 (9%)
Good	19 (15%)
Neither	39 (30%)
Bad	16 (13%)
Very bad	21 (16%)

Section 10: Activities

Q60 Are you doing any education here?

Yes	28 (23%)
No	96 (77%)

Q61 Is the education helpful?

Not doing any education	96 (78%)
Yes	24 (20%)
No	3 (2%)

Q62 Can you work here if you want to?

Do not want to work	28 (24%)
Yes	63 (53%)
No	28 (24%)

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

Yes	50 (42%)
No	70 (58%)

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

Do not know/ Do not want to go	11 (9%)
Very easy	58 (46%)
Easy	44 (35%)
Neither	9 (7%)
Difficult	1 (1%)
Very difficult	3 (2%)

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

Do not know/ Do not want to go	17 (14%)
Very easy	50 (40%)
Easy	47 (38%)
Neither	9 (7%)
Difficult	1 (1%)
Very difficult	1 (1%)

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	12 (10%)
Very easy	53 (42%)
Easy	38 (30%)
Neither	12 (10%)
Difficult	6 (5%)
Very difficult	5 (4%)

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

Yes	33 (27%)
No	56 (45%)
Do not know	35 (28%)

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

Yes	53 (43%)
No	71 (57%)

Q69 How did staff in the visits area treat you?

Not had any visits	57 (48%)
Very well	20 (17%)
Well	28 (24%)
Neither	8 (7%)
Badly	4 (3%)
Very Badly	1 (1%)

Section 12: Resettlement

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

Yes	17 (14%)
No	102 (86%)

Detainee survey responses: Colnbrook 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	Colnbrook 2018	All other IRCs	Colnbrook 2018	Colnbrook 2016
	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		140	849	140	155
SECTION 1: General information					
1	Are you male?	**93%**	**77%**	**93%**	**90%**
2	Are you aged 21 years or under?	**7%**	**7%**	**7%**	**7%**
4	Do you understand spoken English?	**63%**	**77%**	**63%**	**79%**
5	Do you understand written English?	**58%**	**72%**	**58%**	**74%**
6	Are you Muslim?	**29%**	**39%**	**29%**	**40%**
7	Do you have a disability?	**18%**	**13%**	**18%**	**21%**
SECTION 2: Immigration detention					
8	When being detained, were you told the reasons why in a language you could understand?	**65%**	**76%**	**65%**	**69%**
9	Including this centre, have you been held in six or more places as an immigration detainee since being detained?	**7%**	**5%**	**7%**	**5%**
10	Have you been detained in this centre for more than one month?	**53%**	**58%**	**53%**	**63%**
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?	**35%**	**41%**	**35%**	**37%**
12	Did you spend more than four hours in the escort van to get to this centre?	**23%**	**25%**	**23%**	**30%**
13	Were you treated well/very well by the escort staff?	**53%**	**64%**	**53%**	**56%**
SECTION 4: Reception and first night					
14	Were you seen by a member of health care staff in reception?	**83%**	**88%**	**83%**	**79%**
15	When you were searched in reception was this carried out in a sensitive way?	**59%**	**64%**	**59%**	**54%**
16	Were you treated well/very well by staff in reception?	**56%**	**63%**	**56%**	**49%**
17	Did you receive information about what was going to happen to you on your day of arrival?	**27%**	**38%**	**27%**	**34%**
18	Did you receive information about what support was available to you in this centre on your day of arrival?	**31%**	**43%**	**31%**	**30%**
For those who required information in a translated form:					
19	Was any of this information provided in a translated form?	**20%**	**26%**	**20%**	**29%**
20	Did you get the opportunity to change into clean clothing on your day of arrival?	**58%**	**70%**	**58%**	**53%**
21	Did you feel safe on your first night here?	**36%**	**49%**	**36%**	**37%**
22a	Did you have any problems when you first arrived?	**75%**	**73%**	**75%**	**77%**
22b	Did you have any problems with loss of transferred property when you first arrived?	**12%**	**10%**	**12%**	**20%**
22c	Did you have any problems contacting family when you first arrived?	**16%**	**18%**	**16%**	**15%**

Main comparator and comparator to last time

Key to tables

		Colnbrook 2018	All other IRCs	Colnbrook 2018	Colnbrook 2016
	Any percentage highlighted in green is significantly better				
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	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?	**21%**	**18%**	**21%**	**12%**
22e	Did you have any problems with feeling depressed or suicidal when you first arrived?	**46%**	**43%**	**46%**	**47%**
22f	Did you have any health problems when you first arrived?	**36%**	**37%**	**36%**	**40%**
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?	**29%**	**34%**	**29%**	**23%**
SECTION 5: Legal rights and immigration					
24	Do you have a lawyer?	**73%**	**77%**	**73%**	**64%**
For those who have a lawyer:					
26	Can you contact your lawyer easily?	**84%**	**77%**	**84%**	**72%**
27	Have you had a visit from your lawyer?	**33%**	**47%**	**33%**	**37%**
25	Do you get free legal advice?	**39%**	**45%**	**39%**	**40%**
28	Can you get legal books in the library?	**44%**	**47%**	**44%**	**36%**
29	Is it easy/very easy for you to obtain bail information?	**23%**	**31%**	**23%**	**30%**
30	Can you get access to official information reports on your country?	**13%**	**18%**	**13%**	**16%**
31	Is it easy/very easy to see this centre's immigration staff when you want?	**31%**	**28%**	**31%**	**19%**
SECTION 6: Respectful detention					
32	Can you clean your clothes easily?	**83%**	**86%**	**83%**	**62%**
33	Are you normally able to have a shower every day?	**97%**	**94%**	**97%**	**89%**
34	Is it normally quiet enough for you to be able to sleep in your room at night?	**54%**	**56%**	**54%**	**48%**
35	Can you normally get access to your property held by staff at the centre, if you need to?	**46%**	**47%**	**46%**	**40%**
36	Is the food good/very good?	**15%**	**28%**	**15%**	**29%**
37	Does the shop sell a wide enough range of goods to meet your needs?	**34%**	**41%**	**34%**	**38%**
38	Do you feel that your religious beliefs are respected?	**69%**	**76%**	**69%**	**65%**
39	Are you able to speak to a religious leader of your own faith if you want to?	**51%**	**54%**	**51%**	**34%**
40	Is it easy/very easy to get a complaint form?	**37%**	**48%**	**37%**	**45%**
41	Have you made a complaint since you have been at this centre?	**18%**	**22%**	**18%**	**30%**
For those who have made a complaint:					
42	Do you feel complaints are sorted out fairly?	**15%**	**24%**	**15%**	**15%**

Main comparator and comparator to last time

Key to tables

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	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?	**66%**	**64%**	**66%**	**56%**
44	Do most staff treat you with respect?	**81%**	**76%**	**81%**	**54%**
45	Have any members of staff physically restrained you in the last six months?	**18%**	**10%**	**18%**	**12%**
46	Have you spent a night in the segregation unit in the last six months?	**18%**	**12%**	**18%**	**16%**
SECTION 8: Safety					
47	Do you feel unsafe in this centre?	**47%**	**43%**	**47%**	**49%**
48	Has another detainee or group of detainees victimised (insulted or assaulted) you here?	**24%**	**21%**	**24%**	**27%**
49a	Have you been hit, kicked or assaulted since you have been here? (By detainees)	**9%**	**6%**	**9%**	**7%**
49b	Have you been victimised because of your nationality since you have been here? (By detainees)	**6%**	**6%**	**6%**	**7%**
49c	Have you ever had your property taken since you have been here? (By detainees)	**3%**	**3%**	**3%**	**7%**
49d	Have you been victimised because of drugs since you have been here? (By detainees)	**5%**	**3%**	**5%**	**7%**
49e	Have you ever been victimised here because you have a disability? (By detainees)	**3%**	**1%**	**3%**	**2%**
49f	Have you ever been victimised here because of your religion/religious beliefs? (By detainees)	**5%**	**3%**	**5%**	**4%**
50	Has a member of staff or group of staff victimised (insulted or assaulted) you here?	**16%**	**17%**	**16%**	**23%**
51a	Have you been hit, kicked or assaulted since you have been here? (By staff)	**4%**	**3%**	**4%**	**6%**
51b	Have you been victimised because of your nationality since you have been here? (By staff)	**5%**	**6%**	**5%**	**9%**
51c	Have you been victimised because of drugs since you have been here? (By staff)	**1%**	**2%**	**1%**	**3%**
51d	Have you ever been victimised here because you have a disability? (By staff)	**3%**	**1%**	**3%**	**4%**
51e	Have you ever been victimised here because of your religion/religious beliefs? (By staff)	**3%**	**2%**	**3%**	**2%**
For those who have been victimised by detainees or staff:					
52	Did you report it?	**18%**	**42%**	**18%**	**31%**
53	Have you ever felt threatened or intimidated by another detainee/group of detainees in here?	**19%**	**17%**	**19%**	**22%**
54	Have you ever felt threatened or intimidated by a member of staff in here?	**15%**	**13%**	**15%**	**17%**

Main comparator and comparator to last time

Key to tables

		Colnbrook 2018	All other IRCs	Colnbrook 2018	Colnbrook 2016
	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?	**26%**	**37%**	**26%**	**26%**
57	Is a qualified interpreter available if you need one during health care assessments?	**21%**	**24%**	**21%**	**17%**
58	Are you currently taking medication?	**52%**	**49%**	**52%**	**47%**
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?	**28%**	**38%**	**28%**	**17%**
SECTION 10: Activities					
60	Are you doing any education here?	**23%**	**17%**	**23%**	**13%**
For those doing education here:					
61	Is the education helpful?	**89%**	**95%**	**89%**	**94%**
62	Can you work here if you want to?	**53%**	**56%**	**53%**	**44%**
63	Is there enough to do here to fill your time?	**42%**	**48%**	**42%**	**36%**
64	Is it easy/very easy to go to the library?	**81%**	**78%**	**81%**	**71%**
65	Is it easy/very easy to go to the gym?	**78%**	**72%**	**78%**	**63%**
SECTION 11: Keeping in touch with family and friends					
66	Is it easy/very easy to use the phone?	**72%**	**68%**	**72%**	**70%**
67	Have you had any problems with sending or receiving mail?	**27%**	**22%**	**27%**	**31%**
68	Have you had a visit since you have been in here from your family or friends?	**43%**	**48%**	**43%**	**51%**
For those who have had visits:					
69	Do you feel you are treated well/very well by staff in the visits area?	**79%**	**70%**	**79%**	**65%**
SECTION 12: Resettlement					
70	Has any member of staff helped you to prepare for your release?	**14%**	**10%**	**14%**	**11%**

Key questions (non-English speakers) Colnbrook 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		85	50
8	When being detained, were you told the reasons why in a language you could understand?	**49%**	**75%**
9	Including this centre, have you been held in six or more places as an immigration detainee since being detained?	**9%**	**7%**
10	Have you been in this centre for more than one month?	**55%**	**52%**
11	Before you arrived here did you receive any written information about what would happen to you in a language you could understand?	**23%**	**41%**
13	Were you treated well/very well by the escort staff?	**57%**	**51%**
16	Were you treated well/very well by staff in reception?	**49%**	**61%**
17	Did you receive information about what was going to happen to you on your day of arrival?	**25%**	**28%**
18	Did you receive information about what support was available to you on your day of arrival?	**21%**	**35%**
21	Did you feel safe on your first night here?	**36%**	**36%**
22	Did you have any problems when you first arrived?	**79%**	**75%**
24	Do you have a lawyer?	**77%**	**70%**
31	Is it easy/very easy to see the centre's immigration staff when you want?	**34%**	**29%**
32	Can you clean your clothes easily?	**89%**	**78%**
33	Are you normally able to have a shower every day?	**96%**	**98%**
40	Is it easy/very easy to get a complaint form?	**28%**	**41%**
41	Have you made a complaint since you have been at this centre?	**7%**	**25%**
43	Do you have a member of staff you can turn to for help if you have a problem?	**64%**	**66%**
44	Do most staff treat you with respect?	**88%**	**76%**
47	Do you feel unsafe in this centre?	**40%**	**51%**
48	Has another detainee or group of detainees victimised (insulted or assaulted) you here?	**18%**	**27%**
50	Has a member of staff or group of staff victimised (insulted or assaulted) you here?	**11%**	**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?	**6%**	**27%**
54	Have you ever felt threatened or intimidated by a member of staff in here?	**3%**	**21%**
56	Is health information available in your own language?	**21%**	**29%**
57	Is a qualified interpreter available if you need one during health care assessments?	**46%**	**8%**
60	Are you doing any education here?	**12%**	**30%**
62	Can you work here if you want to?	**43%**	**58%**
63	Is there enough to do here to fill your time?	**48%**	**37%**
64	Is it easy/very easy to go to the library?	**74%**	**83%**
65	Is it easy/very easy to go to the gym?	**74%**	**78%**
66	Is it easy/very easy to use the phone?	**66%**	**74%**
67	Have you had any problems with sending or receiving mail?	**27%**	**27%**
68	Have you had a visit since you have been in here from your family or friends?	**18%**	**54%**
70	Has any member of staff helped you to prepare for your release?	**3%**	**19%**

Diversity analysis - Disability

Key question responses (disability analysis) Colnbrook IRC 2016

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		23	105
4	Do you understand spoken English?	**73%**	**64%**
9	Including this centre, have you been held in six or more places as an immigration detainee since being detained?	**9%**	**7%**
10	Have you been in this centre for more than one month?	**59%**	**50%**
13	Were you treated well/very well by the escort staff?	**64%**	**50%**
14	Were you seen by a member of health care staff in reception?	**59%**	**89%**
15	When you were searched in reception was this carried out in a sensitive way?	**63%**	**58%**
16	Were you treated well/very well by staff in reception?	**61%**	**54%**
21	Did you feel safe on your first night here?	**24%**	**37%**
22a	Did you have any problems when you first arrived?	**87%**	**72%**
22f	Did you have any health problems when you first arrived?	**70%**	**26%**
24	Do you have a lawyer?	**68%**	**76%**
31	Is it easy/very easy to see this centre's immigration staff when you want?	**29%**	**31%**
32	Can you clean your clothes easily?	**76%**	**85%**
33	Are you normally able to have a shower every day?	**91%**	**99%**
40	Is it easy/very easy to get a complaint form?	**43%**	**34%**
41	Have you made a complaint since you have been at this centre?	**30%**	**15%**
43	Do you have a member of staff you can turn to for help if you have a problem?	**62%**	**67%**
44	Do most staff treat you with respect?	**75%**	**81%**
45	Have any members of staff physically restrained you in the last six months?	**29%**	**14%**
46	Have you spent a night in the segregation unit in the last six months?	**35%**	**14%**
47	Do you feel unsafe in this centre?	**62%**	**46%**

Diversity analysis - Disability

Key to tables

		Consider themselves to have a disability	Do not consider themselves to have a disability
	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		
48	Has another detainee or group of detainees victimised (insulted or assaulted) you here?	**33%**	**21%**
50	Has a member of staff or group of staff victimised (insulted or assaulted) you here?	**30%**	**13%**
53	Have you ever felt threatened or intimidated by another detainee/group of detainees in here?	**24%**	**17%**
54	Have you ever felt threatened or intimidated by a member of staff in here?	**42%**	**7%**
57	Is a qualified interpreter available if you need one during health care assessments?	**16%**	**21%**
58	Are you currently taking medication?	**76%**	**43%**
60	Are you doing any education here?	**10%**	**24%**
63	Is there enough to do here to fill your time?	**45%**	**40%**
64	Is it easy/very easy to go to the library?	**77%**	**83%**
65	Is it easy/very easy to go to the gym?	**65%**	**79%**
66	Is it easy/very easy to use the phone?	**46%**	**79%**
67	Have you had any problems with sending or receiving mail?	**16%**	**29%**
68	Have you had a visit since you have been in here from your family or friends?	**26%**	**45%**
70	Has any member of staff helped you to prepare for your release?	**15%**	**15%**



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.

