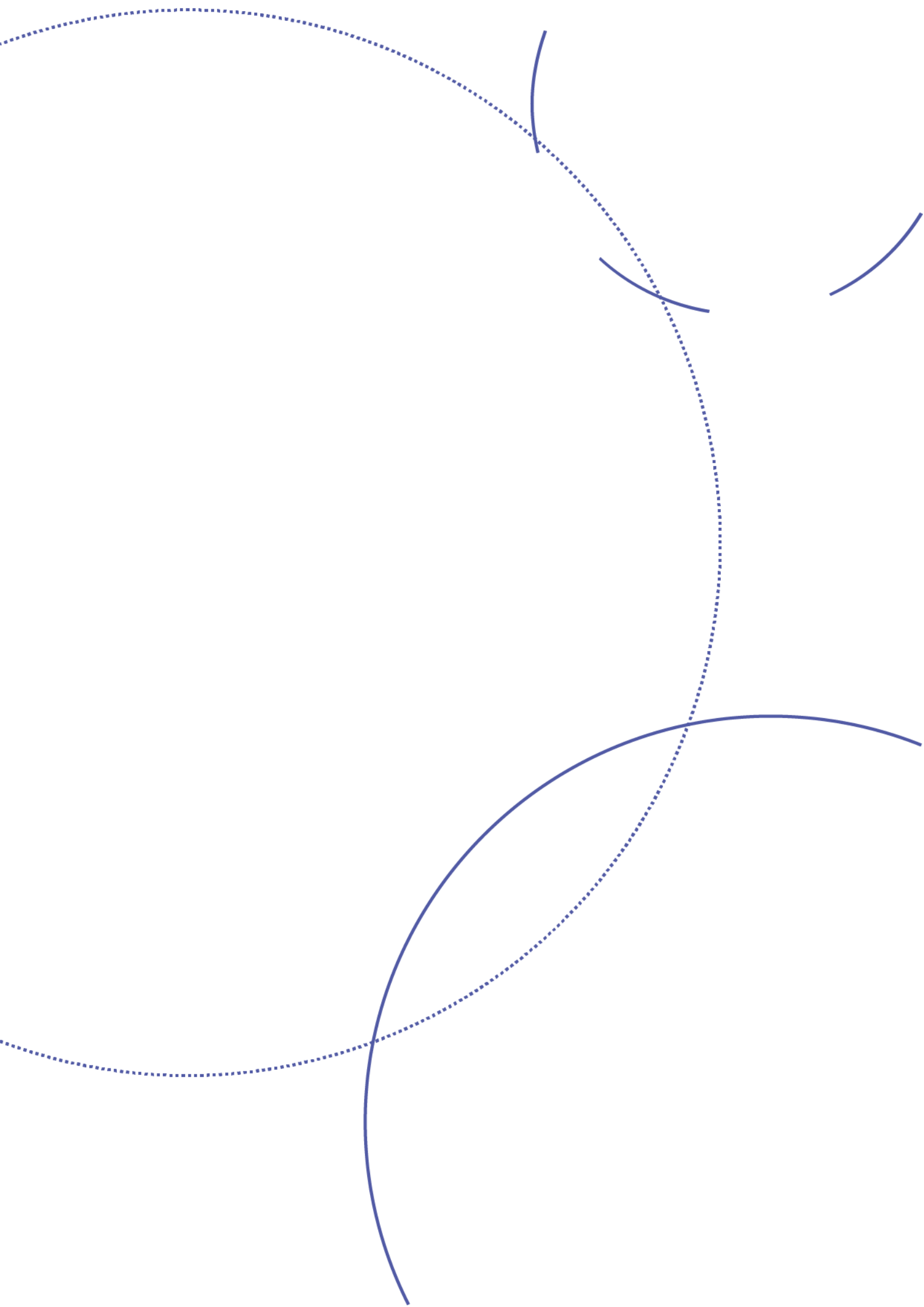


# **HMICS Custody Inspection Report - Dumfries and Galloway**

November 2023

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# HM Inspectorate of Constabulary in Scotland

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HM Inspectorate of Constabulary in Scotland (HMICS) is established under the Police and Fire Reform (Scotland) Act 2012 and has wide ranging powers to look into the 'state, effectiveness and efficiency' of both the Police Service of Scotland (Police Scotland) and the Scottish Police Authority (SPA).<sup>1</sup>

HMICS has a statutory duty to inquire into the arrangements made by the Chief Constable and the SPA to meet their obligations in terms of best value and continuous improvement. If necessary, it can be directed by Scottish Ministers to look into anything relating to the SPA or Police Scotland as they consider appropriate.

Healthcare Improvement Scotland (HIS) is the national improvement agency for health and social care. It is responsible for supporting healthcare providers to deliver high quality care and scrutinising those services to provide public assurance about the quality and safety of that care.

**This inspection was undertaken by HMICS in terms of Section 74(2)(a) of the Police and Fire Reform (Scotland) Act 2012 and is laid before the Scottish Parliament in terms of Section 79(3) of the Act.**








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<sup>1</sup> Legislation, [Police and Fire Reform \(Scotland\) Act 2012, Chapter 11](#).



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## Our inspection

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During the course of 2022, HM Inspectorate of Constabulary in Scotland (HMICS) and Healthcare Improvement Scotland (HIS) collaborated on a baseline review of the provision of healthcare services to police custody centres across Scotland. A report outlining our findings and recommendations was published in January 2023.<sup>2</sup> The learning from the review has been used to support HIS to develop an interim framework to inspect healthcare services within police custody,<sup>3</sup> and for the scrutiny partners to devise a methodology for the joint inspection of police custody centres.

As part of this overarching review, it was agreed that we would undertake two joint custody inspections in order to continue to develop inspection methodology and to complete our inspection framework. We have to date inspected and published reports relating to primary custody centres in Lanarkshire and more recently Tayside, the report on which was published in July 2023.<sup>4</sup> The third inspection, and the subject of this report, was undertaken in the Dumfries and Galloway region, focussing on primary custody centres in Stranraer and Dumfries.

The inspection was carried out jointly by HMICS and HIS, the aim of which was to assess the treatment of, and conditions for, individuals detained at the custody centre. We will outline within this report, information relevant to the efficiency and effectiveness of custody centre operations.

Responsibility for the provision of healthcare services is a function of the chief officer of Dumfries and Galloway Health and Social Care Partnership (HSCP) as the lead partner for Forensic and Custody Healthcare. This report will provide an analysis of the provision of healthcare services in the custody centre and consequently makes recommendations for both Police Scotland and the HSCP.

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<sup>2</sup> HMICS and HIS, [National baseline review of healthcare provision within police custody centres in Scotland](#), 31 January 2023.

<sup>3</sup> HIS, [Framework to Inspect healthcare provision within police custody centres – interim version](#), 17 October 2022.

<sup>4</sup> HMICS, [Custody Inspection Report - Tayside](#), 20 July 2023.



While recommendations outlined in this report have specific relevance for Dumfries and Stranraer custody centres, we recognise that some of these will be equally applicable to other custody centres across Scotland and should be considered in future improvement planning by Police Scotland's Criminal Justice Services Division (CJSD). We consider recommendations 2, 5 and 13 from this report to have such relevance.

In the course of this inspection, we have found common themes that featured as recommendations or areas for development in the aforementioned reports on custody services in Lanarkshire and Tayside. We have referenced these within the body of this report where relevant.

The inspection was unannounced and took place in June 2023. As part of our inspection we reviewed the Police Scotland National Custody System (NCS), and examined a representative sample of detainees processed at the custody centres during April 2023. We assessed the physical environment, including the quality of cells, and observed key processes and procedures relevant to police custody operations. We also spoke with people detained at the custody centres during our inspection and interviewed custody staff and healthcare professionals during our visit.

This report highlights our concerns regarding prescribing practice at one of the centres and the storage, dispensing and administration of medicines. This issue was raised with the HSCP in line with our existing escalation process. In addition, we have outlined the need for the healthcare provider to implement systems and processes to support healthcare staff to audit and monitor the clinical environment to ensure that rooms used for clinical examinations are clean and maintained to the standard required for forensic examination.

The report also outlines the need for improvement in the arrangements for detainee observations at the Dumfries custody centre and notes shortcomings relating to the availability of suitably sized anti-harm clothing for detainees who may be required to use it. We have been advised that progress is being made to address this issue.



HMICS inspections are based on an inspection framework that ensures a consistent and objective approach to our work. The framework consists of three overarching themes which are based on EFQM<sup>5</sup> principles: Leadership and Vision, Delivery and Outcomes.

Each theme is supplemented by a range of indicators setting out what we expect to find during an inspection. Our custody inspections have a particular focus on service delivery and outcomes.

Police custody has been subject to considerable scrutiny by HMICS since Police Scotland was established. Since 2013, HMICS has published several custody inspection reports, the findings from which can be found on our website.<sup>6</sup> Police Scotland has made significant progress in implementing previous recommendations and improvement actions in respect of custody services and are actively working to address those that remain outstanding.

Our inspection contributes to the United Kingdom's response to its international obligations under the Optional Protocol to the United Nations Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT). OPCAT requires that all places of detention are visited regularly by a National Preventive Mechanism (NPM), an independent body or group of bodies which monitor detainee treatment and conditions. HMICS is one of several bodies making up the NPM in the UK.<sup>7</sup>

We wish to thank the officers and staff of the Criminal Justice Services Division of Police Scotland and NHS Dumfries and Galloway staff for their assistance during our inspection.

The inspection was carried out by Ray Jones, Lead Inspector at HMICS, with support from HMICS Associate Inspectors and HIS inspectors.

**Craig Naylor**

His Majesty's Chief Inspector of Constabulary

November 2023

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<sup>5</sup> EFQM, [Organisational Change Management](#).

<sup>6</sup> Our custody inspection reports are available on our website at [HMICS](#).

<sup>7</sup> For more information about the UK NPM, visit [National Preventive Mechanism](#).



## Key findings

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- The custody centres at Stranraer and Dumfries had a similar single-story layout containing multiple cell corridors and facilities. The general condition of the centres was good, despite them being within an older part of the custody estate. They were clean and reasonably well maintained.
- The rear yards of both centres doubled as a secure vehicle dock for the custody suite and are protected by a remotely controlled electronic keypad sliding bar gate covered by CCTV viewable from the custody office.
- The cells in both centres were clean, tidy and well lit. Showers were clean but there were clear signs of mould on the shower tray seals in Stranraer.
- All cells in both centres were equipped with CCTV cameras providing suitable opportunity for detainee observations.
- Detainees interviewed were complimentary about custody staff and stated that the custody centres were clean and suitable.
- There was sufficient, clearly visible and practically located fire safety signage, emergency lighting and materials located throughout the custody centre. Each cell is equipped with a smoke detector linked to an indicator VESDA VLS<sup>8</sup> panel.
- Fire tests were carried out weekly though no recent physical evacuations had taken place.
- The facilities had ample stores of weekly laundered bedding, however anti-harm clothing was only available in large sizes not suitable for small and average sized detainees including women.

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<sup>8</sup> VESDA VLS is an early warning smoke detection system, which uses continuous air sampling to provide the earliest possible warning of an impending fire hazard.





- Some cases within our review of NCS records raised issues regarding the rights of detainees within criminal justice processes in respect of arrangements for appearance at court. The existing arrangements that require a person who is being held on warrants for more than one jurisdiction to appear at respective courts on subsequent days, can unnecessarily extend their time in detention in police custody.
- The recording of information on the NCS was generally good, particularly relating to rights, authorisations and care and welfare decisions.
- The CCTV observation facilities at Dumfries were not fit for purpose. This was due to the close proximity to the charge bar. This resulted in a potentially distracting environment for observers and raised concerns regarding the privacy of vulnerable persons subject to observation.
- The quality of risk assessments and corresponding care plans was good. Overall, we found that the appropriate observation level had been applied in respect of the cases reviewed.
- The facilities had clear and suitably located multilingual posters for identifying foreign languages and translation services could be accessed by a phone located at the charge bar.
- Both centres contained posters conveying information to detainees regarding their rights and access to support services, advocacy or visitors.
- There were adequate custody staffing levels at the time of our inspection. We observed a good balance of male and female custody staff at the centre.
- There was no immediate access to healthcare staff at the centres. Instead, there was an on-call peripatetic service provided by Forensic Physicians.<sup>9</sup> While the Dumfries custody centre could access onsite visits from a Forensic Physician, the Stranraer centre rarely had access to onsite healthcare professionals.

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<sup>9</sup> Forensic Physicians are General Practitioners (GP) who undertake healthcare related interventions within criminal justice settings, including police custody centres.



- The Forensic Physicians had not had any awareness sessions or training in the use of Naloxone. However, police custody staff at the centres were trained and had access to Naloxone and kits were available at the centres.
- There was no specific human rights-based training provided to healthcare staff to support the effective investigation and documentation of any torture or other ill-treatment, such as training on the Istanbul Protocol.
- In the year preceding our inspection, there were no recorded entries on Datix<sup>10</sup> regarding healthcare related events in custody.
- Medical treatment and examinations rooms were not cleaned to the appropriate standards.
- We identified detainee safety concerns regarding the storage, dispensing and administration of medicines at both custody centres. Medications had open access and no control measures were in place.
- We were concerned to find that Forensic Physicians had, at times, instructed custody staff at the Dumfries centre to prepare blister packs or to take stock medications from the store and administer these to detainees.
- We saw good practice in the attendance of the mental health nurses in-reach service, with the Crisis Assessment and Treatment Service (CATS) team attending both custody centres to undertake comprehensive mental health and risk assessments and plan care for detainees While in custody and on liberation. There were clear referral pathways in place.

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<sup>10</sup> Datix is a risk management information system used by healthcare providers to collate, review and manage data regarding adverse events and potential risks in police custody, as well as other settings.



# Recommendations

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## Recommendation 1

Police Scotland should ensure that detainee observation facilities at the Dumfries custody centre are moved to an appropriate location within the centre.

## Recommendation 2

Police Scotland should ensure that sufficient and appropriately sized anti-harm garments are made available to detainees when these are required.

## Recommendation 3

Dumfries and Galloway HSCP should ensure that healthcare staff working within custody centres are trained in relevant human rights protocols.

## Recommendation 4

Dumfries and Galloway HSCP must ensure that all adverse events relating to healthcare in police custody are appropriately identified, recorded and managed, and that any learning is implemented. This should include the provision of refresher training for all healthcare staff, including on the use of the Datix system.

## Recommendation 5

Police Scotland should ensure that custody staff receive appropriate training and guidance where cleaning is part of their role.

## Recommendation 6

Dumfries and Galloway HSCP must implement control measures to mitigate the increased risk of infection in areas where the condition of the building has deteriorated due to age.

## Recommendation 7

Dumfries and Galloway HSCP must implement systems and processes to support healthcare staff to report issues for repair and to audit and monitor the environment.



### **Recommendation 8**

Dumfries and Galloway HSCP and Police Scotland must ensure the rooms used for clinical examinations are clean and ready for use and maintained at the standard required for forensic examination.

### **Recommendation 9**

Dumfries and Galloway HSCP must work together with Police Scotland to ensure emergency equipment is maintained in accordance with manufacturer's guidelines and ensure that checks are recorded appropriately.

### **Recommendation 10**

Dumfries and Galloway HSCP must review the process for storage, dispensing and administration of medicines to support the safety and wellbeing of staff and to ensure patient safety.

### **Recommendation 11**

Dumfries and Galloway HSCP must ensure that there are clear processes in place for managing medicines and that healthcare staff use these to safely prescribe, administer, record and store medicines.

### **Recommendation 12**

Dumfries and Galloway HSCP must obtain a controlled drugs license to meet its legal obligation in the storing and supply of controlled drugs.

### **Recommendation 13**

Police Scotland should ensure that custody staff are provided with appropriate training in relation to the administration of medication and that this is provided and refreshed in accordance with national guidance and best practice.

### **Recommendation 14**

Dumfries and Galloway HSCP should ensure that all Forensic Physicians are trained in the administration of Naloxone.



## Areas for development

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Areas for development	Number
The Stranraer custody centre should ensure that loft access hatches in the cell corridors are made secure.	1
The Stranraer custody centre should ensure that fire safety and evacuation plans reflect the challenges arising from the layout of the custody centre and limited exit routes.	2
The HSCP should review its process to ensure that detainees know about their rights to provide feedback or raise a complaint regarding the healthcare service they received while in custody.	3
The custody centre should ensure that custody staff discontinue the use of medical equipment that they have not been trained to use.	4



## Context

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1. Custody is delivered throughout Scotland by the Police Scotland Criminal Justice Services Division (CJSD). This division is one of several national divisions which sit alongside and support the thirteen local policing divisions. CJSD is led by a Chief Superintendent who reports to an Assistant Chief Constable and in turn, to the Deputy Chief Constable for local policing. Custody is delivered in accordance with the custody standard operating procedure,<sup>11</sup> which is updated and amended regularly to reflect changes in practice guidelines and expectations.
2. While custody throughput volumes have been in steady decline since the implementation of the Criminal Justice (Scotland) Act 2016 (the 2016 Act),<sup>12</sup> the last financial year saw a slight increase. Table 1 below, outlines Police Scotland annual custody throughput figures from 2018-19 to 2022-23. There are a number of contributory factors for the previous reduction in throughput over recent years. This can, in part, be attributed to Police Scotland's proactive approach to divert people away from custody centres when it is considered safe and appropriate to do so. However, the moderate 3.5% increase in national custody throughput for the period 2022-2023, could be attributed to a post-pandemic return to more routine and expected operational practice in policing. Current throughput figures remain considerably lower than pre-pandemic levels.
3. Custody centres in Scotland are organised into clusters, each led by a Cluster Inspector. The custody centres we visited during this inspection, Dumfries and Stranraer police custody centres, serve their respective Sheriffdom areas in the wider Dumfries and Galloway area. Both centres are located within the local area police stations.
4. The overall cell capacity at Dumfries is 18 cells and Stranraer has seven cells. The cell provision is considered suitable to meet demand. The annual throughput from April 2022 to March 2023 at Dumfries was 2617 and at Stranraer it was 909. These figures are almost unchanged from those recorded for the year before (see table 2).

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<sup>11</sup> Police Scotland, Care and welfare of persons in police custody Standard Operating Procedure (2022).

<sup>12</sup> Legislation, [Criminal Justice \(Scotland\) Act 2016](#).



5. The cluster also includes ancillary custody centres based in Annan, Lockerbie, Sanquhar, Newton Stewart, and Castle Douglas. Ancillary centres are not routinely staffed but can be opened by trained staff as and when required. The ancillary centres were outwith the scope of this inspection and therefore not visited by inspectors.
6. Dumfries and Galloway HSCP are responsible for the delivery of healthcare in custody and forensic medical testing in the Dumfries police custody cluster, which includes Stranraer and Dumfries custody centres. An on-call healthcare service is provided 24 hours, 7 days a week and 365 days a year. The service is peripatetic and therefore not based in a single custody centre. The service is provided by Forensic Physicians who are General Practitioners (GP) based in Dumfries. There is typically one Forensic Physician covering each shift and as such, there is no immediate onsite access to healthcare staff. Although healthcare is provided by one service provider, the operating model is different dependant on the location of the centre.
7. Custody staffing arrangements at the time of our inspection included suitably designated CJSD staff at all levels. No local policing officers were used to cover custody at the time of our inspection. Authorisation had been provided to recruit for three additional Criminal Justice Police Custody Security Officer (CJPCSO) posts for Stranraer. This was in part a recognition of their additional public counter duties and to provide additional resilience to minimise the need for local policing backfill. We observed a good balance of male and female custody staff at the centre.
8. Each staff team at Dumfries was typically made up of a police sergeant (PS) and three CJPCSO staff. Each team at Stranraer was made up of a police constable and a CJPCSO. The staff at Stranraer were supervised by a sergeant working remotely and based at Dumfries. These teams were collectively supervised by a Custody Cluster Inspector.



9. At the time of our inspection, all staff observed the CJSJ 222b<sup>13</sup> shift pattern, which had been in in Dumfries and Galloway prior to the inception of Police Scotland.

Table 1 – National custody throughput

Year	2018-19	2019-20	2020-21	2021-22	2022-23
Throughput	118,418	115,126	101,203	93,967	97,381

Table 2 – Custody centre cell capacity and throughput

Custody centre	Number of cells	2021-22	2022-23
Dumfries	18	2684	2617
Stranraer	7	901	909

### Independent custody visitors

10. Under the Police and Fire Reform (Scotland) Act 2012,<sup>14</sup> the Scottish Police Authority (SPA) is required to make arrangements for independent custody visitors to monitor the welfare of people detained in police custody. Regular visits to custody centres are carried out by volunteer independent custody visitors from the local community. Independent Custody Visiting Scotland (ICVS) manages the process and coordinates volunteers. Any concerns identified by custody visitors are raised with custody staff during their visits and outcomes are recorded in custody records. ICVS is also a member of the UK's NPM.
11. During our inspection, we reviewed the ICVS service book that is completed following each visit by the custody visitors. This reflected a pattern of recent and regular visits with no issues raised.

<sup>13</sup> The CJSJ 222b pattern relates to custody staff working two early shifts, two late shifts and two nights, followed by four non-working days.

<sup>14</sup> Legislation, [Police and Fire Reform \(Scotland\) Act 2012, Chapter 16](#).





## Methodology

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12. HMICS and HIS undertook a wide range of activities during our joint baseline review of healthcare provision in custody to inform the development of our custody inspection methodology. These activities are outlined in the aforementioned joint report published in January 2023.<sup>15</sup> As a result, the following key stages have been undertaken for this inspection and will form a basis for future joint inspections.
13. In advance of the onsite inspection, we requested information on throughput at the custody centres in order to analyse a sample of this on the Police Scotland National Custody System (NCS).
14. HIS requested key pieces of evidence in advance of the onsite inspection relevant to healthcare provision. On the first day of the inspection, HIS also issued a letter to the NHS board to request a follow-up meeting with NHS managers to enable the inspection team to discuss key issues arising from the onsite inspection and the evidence review.
15. Inspectors from HMICS and HIS visited the custody centres at Dumfries and Stranraer between 12 and 14 June 2023. During the custody inspection, we examined the treatment of, and conditions for, detainees. We observed key custody processes and assessed the custody environment, condition of cells and facilities for detainees. We undertook interviews with custody staff and managers, as well as healthcare practitioners (HCP) that were present during our visit. We also spoke with people detained in custody at the time.
16. Inspectors reviewed data recorded on the NCS relevant to throughput at Dumfries and Stranraer custody centres for the month of April 2023. This period was selected as it was within a close and relevant timeframe to our planned inspection. Of the 332 custody records pertaining to that period, 265 related to people processed at Dumfries, 64 at Stranraer and 3 at Annan. We examined 42 records, 28 from Dumfries and 14 from Stranraer, which represents a 13% sample.

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<sup>15</sup> National baseline review of healthcare provision within police custody centres in Scotland (2023).



17. The sample was selected to be broadly representative of the proportions of men, women and children held in custody during the aforementioned period. Based upon this, sampling was weighted to ensure that women and children were included during random selection.
  
18. The review of NCS records provided valuable information on aspects of risk assessment, observation levels, and compliance with the expectations of the Police Scotland care and welfare of detainees, standard operating procedure.



## Outcomes

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### Custody centre condition and facilities

19. The custody centres at Stranraer and Dumfries had similar single-story layouts containing multiple cell corridors and related facilities for detainees as well as various administration, criminal justice, catering and storage spaces.
20. We examined the route into both facilities and while the Stranraer access road was adequate, the narrow dimensions of the Dumfries custody access lane restricted entry to larger custody vans, which were required to park in the public road with detainees being walked into the centre. There were no remedial options available at the time of our inspection due to the position of the facility and existing infrastructure.
21. The rear yards at both centres provide access to the custody centres as well as parking for the police stations. These areas are monitored by CCTV viewable from the custody centre. This allows custody staff to monitor activity such as potential queuing at busier times and the secure transfer of detainees between the centre and police vehicles.
22. Dumfries has an adequately sized holding room covered by CCTV and affray strip links. There is no holding-room at Stranraer and therefore the connecting corridor leads directly to the charge bar.
23. As indicated, Stranraer custody centre is attached to an operational police station. It is comprised of a raised charge bar with a single workstation, which was adjacent to three small rooms variously used for the intoximeter machine, photography and impressions and storage of relevant custody supplies. Adjacent to the charge bar were two cell corridors containing a total of seven available cells, including one observation cell.
24. A separate staff office/kitchen and secure property storage was located off the charge bar area. The staff office, which contained two workspaces, was clean, well-lit, air conditioned and well maintained. It incorporated a small kitchen facility used for both staff and detainee meal preparation. The food preparation area contained suitable storage and preparation facilities, however its location resulted in limited space for staff food preparation.



25. There were adequate custody staffing levels in both centres at the time of our inspection. Stranraer custody staff were responsible for the public counter of the police station on a 24-hour basis. While not the busiest public counter, this takes one of the two staff away from custody duties, which can be challenging during busier periods.
26. Dumfries custody centre is also attached to an operational police station. It comprises a floor level charge bar containing two workstations separated by a divider, with two cell corridors containing 18 available cells. One cell was temporarily re-purposed as a bedding store and there were three dedicated observation cells.
27. Accessible from the charge bar area, were a medical room, a room for photographs and impressions and detainee engagement rooms, which were being used as additional storage space. Detainee property storage was located behind the charge bar.
28. There was no dedicated staff office at Dumfries, albeit a nearby rest area was located outwith the custody footprint. This afforded limited space for staff due to the space required to house computer servers and other bulky police 'public order' equipment held in general storage. This was acknowledged by the custody sergeant who was in the process of identifying more appropriate storage of equipment.
29. Dumfries custody had a separate kitchen located off the charge bar area that contained a variety of appropriate foodstuffs and was clean and tidy. There was adequate lighting, cleaning products, fire safety and first-aid equipment, and suitable food hygiene and preparation guidance. There was an office for the custody sergeant located outwith the custody footprint, through two secure doors and along a corridor. While not ideally placed for direct staff interaction, the layout of the estate provided limited alternatives.
30. Storage space at both centres, while well-ordered, was very limited leading to detainee access rooms at both centres being utilised for additional storage rather than for their intended purpose.



31. The presence of retro-fitted solid Perspex safety screens separating staff from detainees in each charge bar hindered clear and discrete communication during processing interactions, albeit this set up is fairly commonplace across most custody centres.
32. The CCTV detainee observation facility at Dumfries was not fit for purpose due to its location within the charge bar area. The television monitor, used to observe detainees subject to enhanced observation levels, was located on an adjacent wall directly behind the charge bar workstations. Efforts had clearly been made to obscure third party viewing of the screen by temporarily affixing a makeshift shield, but this was largely ineffective. The proximity to the charge bar and cramped environment for those observing the monitors could result in unnecessary distractions. It is also possible that confidentiality and privacy could be compromised for detainees under observation. As such, alternative arrangements should be made for the location of the observation equipment, ensuring that the facilities for staff undertaking observations are suitable. The observation facilities at Stranraer were functional and in good order.

#### **Recommendation 1**

Police Scotland should ensure that detainee observation facilities at the Dumfries custody centre are moved to an appropriate location within the centre.

33. Interview rooms were well lit, spacious and ventilated containing a secured interview desk with hygiene screen and unsecured chairs. Rooms were not covered by the custody CCTV system and those in Dumfries had no affray strips. The Perspex safety screens separating the police and detainee sides of the interview desks were reported by local officers to cause poor audio quality on recordings, which subsequently caused issues and delays with interview transcription processes. Interviewing officers highlighted that as there was only one interview room at Stranraer, this could result in unwanted delays for local officers queueing to conduct taped interviews. At times, this could also result in longer periods of detention for suspected persons awaiting interview.



34. At the Stranraer facility, loft hatches located in each of the two cell corridors were not properly secured therefore enabling them to be opened by hand. Owing to their immediate proximity to barred gates, these could be accessed by a reasonably agile, unsecured detainee.

#### **Area of development 1**

The Stranraer custody centre should ensure that loft access hatches in the cell corridors are made secure.

35. All custody staff had undertaken training in first aid during their initial induction and had participated in annual updates through officer safety inputs and supporting online Moodle packages. First aid kits were available at the charge bar, kitchen and washing areas. A defibrillator was stored in an accessible and visually obvious location immediately adjacent to both charge bars.
36. There were clearly marked emergency exits within the custody footprint. Fire safety precautions and procedures were taking place routinely. While fire tests were being carried out regularly, these did not include the physical evacuation of detainees. An evacuation of custody centres, including detainees, is expected to be carried out in accordance with fire safety regulations. The custody centre has the autonomy to decide when it is suitable to do this based on an assessment of risk and the needs of the detainees in custody at any given time. There was a supply of rigid handcuffs for the evacuation of detainees stored at both centres.
37. The construction of the Stranraer centre is such that all external doors and windows within the building were secured by fixed steel bars, incapable of permitting egress. The sole emergency exit from the facility was via the charge bar into the connecting corridor, which thereafter leads either into the police station or outside to the rear yard. While, as stated, the custody centre had fire safety procedures in place, it should ensure that evacuation plans reflect the specific challenges arising from the layout of the custody centre and limited exit routes.



## Area of development 2

The Stranraer custody centre should ensure that fire safety and evacuation plans reflect the challenges arising from the layout of the custody centre and limited exit routes.

38. As outlined in our report on the joint inspection of primary custody centres in Lanarkshire, we have made recommendations that have relevance across the custody estate. **Recommendation 2** from that report<sup>16</sup> stated that ‘**Police Scotland should ensure that a full evacuation of custody centres is undertaken in accordance with fire safety regulations.**’ While this has relevance for Dumfries and Stranraer custody centres, we do not intend to make an additional recommendation on this.
39. The general condition of the centres was good, despite them being within an older part of the custody estate. There was evidence of minor damage to some parts of the building, however this was subject of remedial action by staff. The centres were clean and well maintained.

## Condition of cells

40. The Dumfries custody centre comprises 18 available cells with one cell temporarily re-purposed as a bedding store. This includes three dedicated observation cells within the footprint. The centre has two separate corridors and custody staff use this separation to enable gender or age-based segregation wherever possible.
41. The cells facility at Stranraer comprises seven available cells in two corridors. Again, this separation enables gender or age-based segregation, which is practiced where appropriate.
42. All cells in both centres were of older construction featuring low-level sleeping plinths, which could pose a challenge for individuals with mobility difficulties. However, it was positive to note that all cells contained thick mattresses that were doubled up with pillows.

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<sup>16</sup> HMICS, [Custody Inspection Report - Lanarkshire](#), 20 April 2023.



43. Cell doors were of contemporary construction with three position service hatches, including peep hole and were fitted with slam locks. The observation cells in Dumfries and Stranraer were constructed with toughened glass to the door and wall to enable direct occupant observations.
44. Cells in both centres were in generally good physical condition and were clean and functional. Cells were furnished with external only flushing toilets, however there was no internal toilet roll provision or in-cell hand washing facility. Instead, occupants could access toilet paper on request and be escorted to sinks for hand washing. Showers and washbasins were clean, however there were signs of mould on the shower tray seals at the Stranraer centre. This was highlighted to staff for remedial action during our visit.
45. All cells were equipped with high-mounted CCTV cameras which afforded unobstructed views of the entire cell. The footage from the in-cell CCTV is routed to the charge bar/ custody office, where it could be viewed in various configurations on monitoring screens. Each contained a single call button situated away from the sleeping plinth above the toilet linked to the charge bar and staff office but had no intercom facility. Cell call buttons were tested and found to be fully functional and capable of being de-activated in the event of misuse.
46. We found no obvious ligature points within cells. Ligature cutters were stored at the custody charge bars and additional sets were worn by some members of custody staff on their belts. All cells were equipped with smoke detectors linked to indicator VESDA VLS panels. Fire alarm and cell condition checks were conducted every week by members of custody staff. This included checks of the AED<sup>17</sup> equipment and any notable issues were recorded electronically in 'SharePoint' drives and manually on staff white boards to be addressed under the direction of the custody supervisor.

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<sup>17</sup> AEDs, or automated external defibrillators, are small electronic devices that were designed to allow minimally-trained people to provide lifesaving defibrillation (electric shock to the heart) to victims of sudden cardiac arrest.





## Arrival at custody and booking-in process

47. During the inspection, no new detainees were brought into Stranraer. Three people were booked in at Dumfries, which reflects the relatively low levels of throughput compared to some other custody clusters. Consequently, our understanding of the booking-in processes at Stranraer was based on interviews with staff, local policing officers and detainees who were already in custody.
48. For each incoming detainee we saw at Dumfries, staff at the custody centre received advanced notification of detainee particulars from arresting officers to enable the commencement of background checks. Custody staff checked PNC, CHS, iVPD<sup>18</sup> and SHOGUN<sup>19</sup> and on each occasion this background antecedent information was available on detainee arrival. This allowed for swifter risk assessment and commencement of processing which we considered to be good practice. Staff at Stranraer stated that they typically operate a similar process.
49. During our observation of detainee processing at Dumfries, the custody sergeant was present and utilised a personal issue laptop computer placed at the end of the charge bar. The sergeant's office was located outwith the custody footprint and some distance away. However, we noted that their presence at the charge bar allowed for instantaneous and appropriate decisions in relation to initial triage, observation level, search level and care plan. While this approach may not be applied in every instance, we consider it to be very positive practice, which appeared to enhance the efficiency of communication and interactions regarding risk assessment and authorisation.
50. Detainees were managed in a proportionate and respectful manner by arresting officers under the guidance of custody staff. Searches were safe, methodical and respectful with officers routinely using handheld metal detectors and 'Ampel' probes (large tweezers), which were available from the charge bar.

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<sup>18</sup> Police information systems include the Police National Computer system (PNC), Criminal History System (CHS), and interim Vulnerable Persons Database (iVPD).

<sup>19</sup> SHOGUN is Police Scotland's national system for the management of firearms licensing. It is a register of all people who have applied for, or have been granted, a certificate to possess or acquire a firearm, shotgun or air weapon.



51. As noted, we examined 42 detainee records on the NCS system. We found that searches were recorded correctly in all but two instances, where there was no reference to the detainee being searched recorded on the NCS system.
52. Vulnerability questions were addressed sensitively and there were occasions where the detainee was asked further pertinent questions to clarify information. Staff appeared to recognise and appreciate associated risks and enquiries were appropriate and proportionate to ensure suitable care and welfare needs were met.
53. While observing the booking in processes at Dumfries, we observed property being taken from detainees, placed on the charge bar and secured within a sealed bag within their sight and under CCTV cameras. Details of said property were simultaneously updated onto the NCS system. Property was placed in dedicated lockers behind the charge bar. While these were not locked, they were monitored by CCTV cameras. In Stranraer, property was lodged in lockers located in an anteroom from the staff office which was also covered by CCTV.
54. Custody staff were responsible for taking criminal justice fingerprints and DNA samples from detainees and these tasks were undertaken at the earliest opportunity, demonstrating an efficient use of time. In cases where evidential fingerprints or DNA are required, it is the responsibility of the investigating officer to obtain, store and submit them for analysis. Custody staff were also responsible for completing Nexus<sup>20</sup> checks in relevant cases. Related processes observed during our inspection were undertaken efficiently and effectively.

## Legal rights

55. During onsite observations, detainees were informed of their rights while they are in custody and offered a letter of rights reinforcing this information. Mandatory fields on the NCS custody system ensure compliance with this legal obligation and our examination of NCS records confirmed that all detainees in the sample were offered a letter of rights.

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<sup>20</sup> Operation Nexus is a joint initiative between the Home Office and Police divisions across the UK to verify the immigration status of, and gather information from, foreign nationals, including EEA nationals.



56. In almost half of the NCS records examined, the detainee requested that a solicitor was informed of their detention. In all of these instances, the NCS was updated accurately to confirm this had been done. We found the standard of recording of detainee rights and solicitor contact and consultation to be of a good standard.
57. The sergeant at Dumfries was responsible for all custody centres in Dumfries and Galloway. These responsibilities included ensuring sound criminal justice decisions and overseeing the care and welfare of detainees. Stranraer custody operated as a police constable-led centre, reporting to the custody sergeant at Dumfries. Part of the sergeant's role is to record the necessity and proportionality of arrest under the Criminal Justice (Scotland) Act 2016 and apply a rationale for that and any subsequent Criminal Justice decision making.
58. We found that custody sergeants routinely made well-informed decisions on the requirement for detention in custody. They also gave due consideration to the length of time detainees spent in custody and whether placement in a cell was necessary. This meant that some individuals brought to custody were processed at the charge bar and released on an undertaking to appear at court on a later date.
59. We noted some cases within our review of NCS records that raised issues regarding the rights of detainees within criminal justice processes in respect of arrangements for appearance at court.
60. In one notable case, a detainee had been arrested in relation to two warrants on a Thursday prior to the Easter weekend. One warrant was for Dundee Sheriff Court and the other was for Dumfries Sheriff Court. The individual was held at Dundee and as there was no court business on Good Friday, appeared at a special Saturday court in Dundee before being transferred to Dumfries police station on the second warrant. Again, as there was no court on Easter Monday, the individual was held to appear on the Tuesday, having spent almost five days in police custody.



61. It has become normal practice in Scotland for a person who is being held on warrants for more than one jurisdiction to appear at respective courts on subsequent days, which can extend their time in detention. We recognise that Police Scotland has no influence over such circumstances, however it is our view that this practice is outdated. In this, and other similar instances, the current approach invites unnecessary risk as a result of detainees being required to spend additional time in custody or in transport between courts and custody facilities. The potential for negative health and welfare outcomes for detainees in these circumstances cannot be understated.
62. In recognition of human rights legislation,<sup>21</sup> and the spirit of this legislation, due consideration should be given to identifying more efficient arrangements, which are reflective of the impact on detainees in these circumstances and the impact on the wider criminal justice system.
63. Given the staff resource used to facilitate transfers, the associated costs and inherent risks related to the transfer of detainees across multiple jurisdictions, alternative arrangements should include consideration of the development of enhanced technology within the court system aimed at further reducing the need for the physical presence of accused persons, and the ability of courts to hear cases across jurisdictions.

### **Risk assessment and care plans**

64. During the booking-in process, a risk assessment is carried out for all new arrivals to police custody. Detainees are asked a range of questions by custody staff based on a pre-determined vulnerability questionnaire. The purpose of the questionnaire is to identify past or present issues in relation to physical and mental health, substance use, self-harm, suicidal ideation or other vulnerabilities. Effective risk assessment is vital to ensure that detainees can be managed and cared for appropriately.

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<sup>21</sup> Legislation, [Human Rights Act 1998, Schedule 1, Part 1, Article 5](#).



65. This initial risk assessment process allows custody staff to determine a bespoke care plan for detainees and involves determining whether the person presents high or low risk and applying a corresponding level to determine the appropriate frequency of wellbeing observations. This approach is based on an assessment of threat, risk and vulnerability. Responses to the vulnerability questionnaire and the subsequent care plan are recorded on NCS. Based on the outcome of the risk assessment, detainees are subject to observations and rousing<sup>22</sup> in accordance with the following standardised scale:

- **Level 1 - general wellbeing observations.** For an initial period of six hours, all detainees are roused at least once every hour. Thereafter, hourly visits are still undertaken but detainees need not be roused for up to three hours. This level is suitable for detainees who are assessed as low risk.
- **Level 2 - intermittent observations.** Detainees are visited and roused at 15 or 30-minute intervals. This level is the minimum for detainees suspected of being under the influence of alcohol or drugs, whose level of consciousness causes concern or where there are other issues necessitating increased observation.
- **Level 2 - enhanced intermittent observations.** This is similar to Level 2 but with the addition of CCTV observation of the detainee in their cell, with images appearing on a monitor in the staff office. This allows for periodic checking but falls short of requiring an officer to constantly view a monitor.
- **Level 3 - constant observations.** The detainee may be under constant observation via CCTV, a glass cell door or window, or a door hatch. Visits and rousing may take place at 15, 30 or 60-minute intervals.
- **Level 4 - close proximity observations.** Appropriate for those detainees at or posing the highest risk. This involves detainees being supervised by staff in the cell or via an open cell door.

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<sup>22</sup> Rousing involves gaining a comprehensive verbal response from a detainee, even if it involves waking them while sleeping. If a detainee cannot be roused, they should be treated as a medical emergency.



66. Within the NCS sample reviewed, 38% of detainees were placed on level 1 general wellbeing observations, 14% on level 2 intermittent observations, 31% on level 2 enhanced observation, 7% on level 3 CCTV observations and 2% on level 4 proximity constant observation. The remaining 8%, were rightly, not detained within a cell and therefore no observations levels were required. Overall, we found that the appropriate observation level had been applied in respect of these cases.
67. The majority of detainees, 86%, were released before 24 hours had elapsed. 43% of detainees were released before 6 hours had elapsed and 43% were released after a period of between 6 and 24 hours. 14% were held longer than 24 hours and all cases this was in order to appear at court.
68. We were encouraged to see that custody staff in Dumfries were using digital handheld tablets which enabled contemporaneous updates to be made on the integrated NCS software. Staff explained that these relatively new acquisitions were also being used to accurately record observations and interactions with detainees during cell visits.
69. These devices, along with new Wi-Fi installations, are being introduced by CJSD in custody centres across Scotland. This is in recognition of the potential benefits to detainee welfare and efficiencies in terms of staff time. It also aligns to a previous HMICS recommendation on the subject of detainee observations.<sup>23</sup> This welcome development allows for accurate and time stamped updates in relation to detainee care, bringing about a greater degree of accountability, operational efficiency and above all detainee safety.
70. The recording of information on the NCS was generally good, with staff making effective use of the system to accurately record details pertaining to rights, authorisations, care, welfare and medical decisions, with only a few minor omissions.

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<sup>23</sup> HMICS, [Custody Inspection Report - Lanarkshire](#). Recommendation 3: Police Scotland should ensure that processes for recording cell checks are carried out consistently and recorded on the national custody system timeously.



## Detainee care

71. During our review of NCS records, we noted that overall there was a high standard of recording. This related in particular to recording of observation visits and the provision of food, drinks and showers for detainees. Staff at Dumfries and Stranraer correctly used the medication assessment and manager functions on the NCS to record medical decisions, medicine prescribing and dispensing.
72. The vulnerability of 23 (55%) detainees was assessed as high and 19 (45%) were assessed as low. In the vast majority of cases, we considered that the vulnerability assessment was appropriate and each was supported with a relevant rationale. The corresponding observation levels were well matched to the vulnerability assessments.
73. The kitchen stores in each centre contained a basic variety of foodstuffs providing adequate sustenance including vegetarian and vegan options. This did not include fresh fruit, however tea, coffee and drinking water was readily available. Custody staff at Stranraer noted some issues in relation to the variety of meals available to detainees. This appears to have been an issue with the supplier and is being addressed by the custody centres.
74. The weekly laundering service is provided by a facilities management company 'Atalian Servest' who subcontract to 'Fishers', a third-party provider. All service delivery issues being experienced by the centres are referred to Atalian Servest who address concerns directly with the provider. As a result of past difficulties concerning the sourcing of variously sized anti-harm garments,<sup>24</sup> the company were only supplying large sizes, which were either ill-fitting or afforded insufficient dignity for smaller detainees, particularly women. This led to decisions being made to place some detainees in standard clothing but under direct observation, which has a disproportionate impact on the detainee and on police resources. Since our onsite inspection took place, we have been advised that progress is being made to address this issue.

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<sup>24</sup> Anti-harm clothing is constructed so as to prevent detainees being able to rip the material and potentially make ligatures.



## Recommendation 2

Police Scotland should ensure that sufficient and appropriately sized anti-harm garments are made available to detainees when these are required.

75. This recommendation should be considered in conjunction with a previous area for improvement highlighted in our report on the joint inspection of primary custody centres in Tayside concerning the appropriate issue of anti-harm garments. This stated that custody centres should ensure that all decisions to issue a detainee with anti-harm clothing are well-evidenced and reflective of risks as well as detainee needs and rights.
76. The few detainees who were available for interview, were complimentary about custody staff and remarked that the custody centres were clean and suitable. It was felt that the lower volume of throughput in the Dumfries and Galloway cluster allowed for custody staff to be more reactive and attentive, improving the overall quality of care.
77. The facilities had clear and suitably located multilingual posters for identifying foreign languages and translation services which could be accessed utilising a phone located at the charge bar. Both centres had suitably placed posters conveying information to detainees regarding rights, wellbeing and access to support, advocacy or visitors.
78. In respect of staff training, we were informed that custody staff receive refresher training on officer safety and first aid. They had recently completed an online Moodle<sup>25</sup> training package on food hygiene and another on mental health awareness called 'Mindset', which was found to be useful.
79. As outlined in our report on the joint inspection of primary custody centres in Lanarkshire, we have made recommendations that have relevance across the custody estate. **Recommendation 4** from that report stated that '**Police Scotland should ensure that custody staff receive regular custody update training / awareness raising relating to substance abuse issues, mental health, trauma informed care and undertaking detainee observations.**' While this has relevance for Dumfries and Stranraer custody centres, we do not intend to make an additional recommendation in this regard.

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<sup>25</sup> Moodle is an online training platform utilised by Police Scotland.





80. Inspectors were encouraged to find that some custody staff had participated in specialised training in the form of a trauma-based training package developed by the NHS and delivered online via an NHS website. This represents a positive step in terms of increasing staff awareness of this subject to promote improved care and welfare for detainees.
81. We were informed that custody staff had recently received training to administer Naloxone.<sup>26</sup> This training was delivered via an online Moodle package and reflects a positive development in terms of the expansion of staff awareness raising and training on this subject.
82. Staff at Dumfries stated that strip searches are conducted in the detainee's cell and during these, the CCTV for that cell is turned off. At Stranraer, strip searches are conducted in a washroom area.
83. We found that a good stock of reading material for detainees was maintained at each centre. Suitable religious materials were also available to detainees as required.

## Healthcare

84. Our inspection of healthcare focused on the health and wellbeing aspects of detainee care as set out in the joint HIS and HMICS framework to inspect healthcare in police custody. During the inspection, HIS inspectors spoke with custody staff, healthcare staff and senior leaders with responsibility for healthcare in custody services. Inspectors also assessed the treatment rooms and observed key custody processes.
85. Dumfries and Galloway Health and Social Care Partnership (HSCP) is responsible for the delivery of healthcare in custody and forensic medical testing in the Dumfries police custody cluster, which includes Stranraer and Dumfries custody centres. Although healthcare provision is provided by one provider, the operating model is different dependant on the location of the centre.
86. An on-call healthcare service is provided all year round. The service is peripatetic and therefore not based in a single custody centre. A Forensic Physician covers each shift, and there is no immediate access onsite to healthcare staff.

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<sup>26</sup> Naloxone is an emergency antidote to overdoses as a result of heroin (or other opioid/opiate) use, which reverses the suppression of the respiratory system.



87. Historically, there have been challenges in providing Forensic Physician cover in Stranraer. Senior healthcare managers told us that, to date, they had been unable to secure either a GP practice locally or individual GPs to cover the service in Stranraer. Forensic Physicians provide telephone advice only and do not visit the custody centre. Current practice in Stranraer meant that if a detainee was deemed to be medically unwell, they would be taken to the local accident and emergency unit.
88. If a mental health assessment was required, the local Crisis Assessment and Treatment Service (CATS) teams would assess the detainee. Opiate substitution treatment (OST) is administered by the local drug and alcohol team during normal working hours. Community nurses would attend and take blood samples for evidence from patients suspected of driving under the influence of drugs or alcohol. Dispensing and administration of medicines takes place in each custody centre and is discussed in the medicines management section of the report.
89. For forensic assessments, the detainee would need to be taken to Dumfries. In the case of assaults or injuries, images are taken and sent to the Forensic Physician, who gives an opinion based on photographs.
90. In Dumfries custody centre, the Forensic Physician would carry out a triage assessment via the telephone and would attend the centre if required.
91. There is no nationally agreed waiting time standard for healthcare assessment of individuals detained in police custody centres across Scotland. However, in both Stranraer and Dumfries custody centres, referrals made from Police Scotland to healthcare were triaged and seen as soon as possible. Waiting times can vary depending on the number of people in custody, the nature of the assessment and the service demands of the in-reach community teams. As highlighted in previous inspection reports, the current national electronic system for recording healthcare data across all custody centres in Scotland (Adastra) does not provide sufficient functionality to enable clinical data to be appropriately recorded, monitored and reported. As a result, reliable data for patient waiting times for access to healthcare are not available.



92. Forensic Physicians did not have a mandatory training plan for their induction and orientation into their role but there were job shadowing opportunities in place for Forensic Physicians, along with regular peer support and review. All Forensic Physicians were practicing GPs who had undertaken Faculty of Forensic and Legal Medicine (FFLM) training.
93. While Forensic Physicians had an awareness of human rights, there was no specific human rights-based training provided to healthcare staff to support the effective investigation and documentation of any torture or other ill-treatment, such as training on the Istanbul Protocol.<sup>27</sup> Human rights-based training can help participants to proactively respect and protect fundamental rights.

### **Recommendation 3**

Dumfries and Galloway HSCP should ensure that healthcare staff working within custody centres are trained in relevant human rights protocols.

94. Arrangements were in place to support communication and information sharing between key stakeholders. There were monthly multi-agency custody healthcare meetings to discuss service challenges, quality issues and service review (incident) reports. This included attendance by Police Scotland, the lead Forensic Physician and the emergency department consultant. The HSCP also participates in fortnightly National Police Care Network meetings, which provide a forum for discussing services and sharing best practice.
95. The HSCP is responsible for collating and managing data regarding adverse events and potential risks in custody. HSCPs use Datix, a risk management information system, to record this information. Senior HSCP managers are required to review Datix entries to identify any patterns or trends, and assess whether any immediate action is needed to ensure patient safety.

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<sup>27</sup> Office of the United Nations, [Istanbul Protocol](#), New York and Geneva 2004.



96. The HSCP was asked to provide a record of adverse events recorded in the 12 months prior to our inspection for both police custody centres. In the past year, there were no recorded entries on Datix regarding healthcare related events in custody. It is unusual for no healthcare related adverse events to be recorded over such a period of time, particularly given the nature of the setting, which indicates the potential for under reporting. Forensic Physicians told us that they did not use the Datix system, though in-reach community services did.

#### **Recommendation 4**

Dumfries and Galloway HSCP must ensure that all adverse events relating to healthcare in police custody are appropriately identified, recorded and managed, and that any learning is implemented. This should include the provision of refresher training for all healthcare staff, including on the use of the Datix system.

97. Information on how to complain or provide feedback on the service was not available in Stranraer custody centre, although we did see a poster within the Dumfries custody centre. We did not see any information about how to complain or give feedback on the service in different formats or languages. At the time of our inspection, no complaints had been submitted within the previous year. The HSCP should review its process to ensure that detainees know about their rights to provide feedback or raise a complaint regarding the healthcare service they received while in custody.
98. The Patient Rights (Scotland) Act 2011 places duties on NHS boards to encourage patients to give feedback or raise complaints about healthcare, and to consider feedback or complaints received with a view to improving the delivery of healthcare services.

#### **Area of development 3**

The HSCP should review its process to ensure that detainees know about their rights to provide feedback or raise a complaint regarding the healthcare service they received while in custody.



99. Inspectors noted that prior to a person arriving at the custody centres, custody staff make an initial assessment of healthcare needs based on information available from electronic records and, in some circumstances, from local policing. Where it is identified that a person has significant healthcare needs, such as a physical injury, they would be taken directly to hospital for assessment and then transferred to the custody centre when deemed fit. In circumstances where it is less clear that hospital treatment may be required, the individual is brought to the custody centre and discussed with the Forensic Physician. Inspectors were told that there are good working relationships with healthcare staff at the local hospitals.
100. During the inspection of Stranraer custody centre, Inspectors examined onsite equipment for both blood pressure monitoring and blood sugar monitoring. It was not clear how this equipment was being effectively decontaminated or maintained. It was also reported that blood pressure monitoring had been performed by police custody staff at the centre and readings fed back via telephone to the on-call Forensic Physician. Custody staff have had no training in the use of such equipment. We consider this to pose a significant safety risk and highlighted to the custody centre that the practice should not continue. Furthermore, blood pressure monitors were not being regularly calibrated to ensure efficiency.

#### **Area of development 4**

The custody centre should ensure that custody staff discontinue the use of medical equipment that they have not been trained to use.

101. Detainees healthcare needs were identified through a vulnerability questionnaire completed by custody staff when people were brought into custody. If this triggered a referral, the Forensic Physician would be contacted via the telephone or by email. Police custody staff informed us that not having onsite healthcare professionals onsite resulted in staff taking a cautious approach and therefore detainees were being sent to hospital for assessment.
102. Detainees could also request to see healthcare staff. As previously outlined, this could be limited to telephone consultation only.



103. The separate electronic systems used by custody staff and NHS staff to record custody data are unable to connect with each other to share information. Custody staff use the National Custody System to record information relevant to detainees, whereas Forensic Physician staff use Adastra.
104. In-reach community services such as the CATS team, Community Nursing and Substance Use services do not record information on Adastra, but keep a clinical record on their own electronic clinical records systems. Once the detainee is seen by these services, the Forensic Physician would receive an update and communicate this information to the custody staff.
105. Inspectors were told that healthcare and police custody staff could access interpretation services to support the vulnerability assessment and ongoing healthcare assessments. There was evidence of language identification posters in the charge bar area of both custody centres.
106. In Dumfries, clinical examinations were carried out in a dedicated medical room. This room had a camera and a notice which stated that detainees could be recorded and monitored. We spoke with custody staff who told us that the camera would be turned off during consultations. Detainees would be risk assessed in order to determine where they would be examined, with clinical examinations being conducted confidentially without a member of custody staff present unless a risk to others had been identified by the risk assessment. The room in use had multiple items on the floor under the examination couch which had created dust on the bottom of equipment. The examination couch had evidence of widespread chlorine residue indicating the correct contact time for cleaning, and disinfecting equipment had not been deployed. This practice can also cause damage to the integrity of the outer layer of the examination couch and risk breach of the inner fabric.
107. Treatment rooms were available at both custody centres. The treatment room at Stranraer was cleaned and maintained by police custody staff. Dumfries had an external cleaning company provided by Police Scotland.



108. Custody staff at the centres have had no formal infection prevention and control training. There was also no external HSCP oversight of compliance with standards of cleaning. Products meeting guidance standards in the National Infection and Prevention and Control manual were available to custody staff. However, staff could not describe how to use these effectively or in the correct way. This was also the same for contract cleaners at the Dumfries custody centre.

#### **Recommendation 5**

Police Scotland should ensure that custody staff receive appropriate training and guidance where cleaning is part of their role.

#### **Recommendation 6**

Dumfries and Galloway HSCP must implement control measures to mitigate the increased risk of infection in areas where the condition of the building has deteriorated due to age.

#### **Recommendation 7**

Dumfries and Galloway HSCP must implement systems and processes to support healthcare staff to report issues for repair, and to audit and monitor the environment.

#### **Recommendation 8**

Dumfries and Galloway HSCP and Police Scotland must ensure the rooms used for clinical examinations are clean and ready for use and maintained at the standard required for forensic examination.

109. Emergency equipment was available at both sites and was checked weekly by custody staff. Police Scotland staff receive three yearly refresher training in first aid and in the use of emergency equipment. Custody staff were unsure who maintains the emergency equipment.



### **Recommendation 9**

Dumfries and Galloway HSCP must work together with Police Scotland to ensure emergency equipment is maintained in accordance with manufacturer's guidelines and ensure that checks are recorded appropriately.

110. Sharps bins, which are used to dispose of used needles or sharp medical items, were seen to be correctly labelled with their temporary closures in place. Clinical waste bins were available as required and were not overfilled. Linen was managed by custody staff and was laundered by an external company. Clean linen was stored separately from used linen. Used linen was securely stored while awaiting collection.

### **Medicines management**

111. During the inspection we identified patient safety concerns regarding the storage, dispensing and administration of medicines in both custody centres in Dumfries and Galloway. We had the following concerns:

- Stranraer custody centre had in place a supply of stock medications including controlled drugs. Organisations that store and/or supply controlled drugs are legally required to have a controlled drugs license in place. The HSCP did not have this license
- We did not see adequate safe and controlled storage of medications, with open access and no control measures in place in both custody centres
- There were no robust, safe systems of practice for storage and monitoring of stock medication due to multiple people having access to stock
- In Stranraer, medication once prescribed remotely by the Forensic Physician would be dispensed by district nurses into multi-compartment compliance aids.<sup>28</sup> This would then be administered by custody staff
- In Dumfries, Forensic Physicians would instruct custody staff to prepare compliance aids or take stock medications from the store and administer medication to detainees.

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<sup>28</sup> Royal Pharmaceutical Society, [Multi-compartment compliance aids \(MCAs\)](#), September 2022.





112. Custody staff should not be asked to prepare medication into compliance aids nor to select medication from medication cupboards. This is not considered safe or acceptable practice and raises patient safety concerns. There is a Memorandum of Understanding in place between Police Scotland and all NHS boards/HSCPs that enables custody staff to administer medication from compliance aids that has been prescribed by a Forensic Physician (or qualified prescriber). This has to be pre-prepared into compliance aids and provided to custody staff in accordance with relevant guidance.
113. Although custody staff receive awareness training as part of their induction on medication administration, this training is not supported by a recognised framework. There was no evidence of refresher training for medication administration. Custody staff who are responsible for the administration of medicine should receive an appropriate level of training. This should be supported by a process that ensures ongoing competence and review of staff knowledge.
114. Due to these concerns, we formally raised this with the HSCP requesting an immediate review of their medicines management processes in custody and requested a commitment to review and implement an improvement action plan for medicines management in custody. We will follow this up with the HSCP to monitor their progress regarding medicines management.
115. Following the inspection, we were provided with additional evidence to outline the interim measures and risk assessment in place for the dispensing and administering of medications. However, this clearly indicated the temporary nature of this process, as it was originally introduced in January 2022 and has not been progressed since then. In recognition of the existing risk, with an emphasis of seeking more suitable permanent solutions, we have requested the completion of an action plan within a three month period.

### **Recommendation 10**

Dumfries and Galloway HSCP must review the process for storage, dispensing and administration of medicines to support the safety and wellbeing of staff and to ensure patient safety.



### **Recommendation 11**

Dumfries and Galloway HSCP must ensure that there are clear processes in place for managing medicines and that healthcare staff use these to safely prescribe, administer, record and store medicines.

### **Recommendation 12**

Dumfries and Galloway HSCP must obtain a controlled drugs license to meet its legal obligation in the storing and supply of controlled drugs.

### **Recommendation 13**

Police Scotland should ensure that custody staff are provided with appropriate training in relation to the administration of medication and that this is provided and refreshed in accordance with national guidance and best practice.

## **Substance use**

116. The vulnerability questionnaire used by custody staff when detainees arrive at custody poses questions to detainees regarding the use of substances or whether they have substance dependency. Referrals are thereafter made by custody staff to the Forensic Physician for assessment or intervention as required.
117. Custody staff are unable to carry out comprehensive physical observations, or a standardised assessment of intoxication or withdrawals, as this is the role of trained medical professionals.
118. Those detainees who appear to be under the influence of substances, or withdrawing from substances, are identified by custody staff who would then contact the duty Forensic Physician for assessment. The Forensic Physician would subsequently make recommendations regarding medication requirements and observation levels or whether the detainee should go to hospital. However, as Forensic Physicians are not based within the custody centres, this can result in gaps and delays in assessments being undertaken by a healthcare professional and can put significant responsibility onto the custody staff and on their ability to identify withdrawal symptoms. Similar circumstances can arise when detainees return from hospital following assessment.



119. At the time of our inspection, all consultations undertaken at Stranraer between the Forensic Physician and detainees occur via the telephone. As non-verbal clues are not visible when using a telephone, this can limit the clinician's ability to pick up on signs of distress.
120. At Dumfries, for detainees who are under the influence or withdrawing from alcohol or substances, the appropriate assessment and withdrawal scales would be used, with the Forensic Physician visiting and assessing the person in custody as required.
121. For detainees prescribed OST in the community, administration would be given prior to appearing in court. In Stranraer, OST would be administered by the substance use nurses during the day and the Forensic Physicians would attend Dumfries to administer.
122. The active engagement and attendance of substance use nurses in Stranraer supported open communication and discussion between the detainees and substance use services, creating opportunities to provide more support and proactive engagement of people with substance use issues in custody. We consider this to be good practice.
123. Nicotine replacement therapy (NRT) is offered to detainees at the charge bar and prescribed by the Forensic Physician in both custody centres.
124. The Scottish Government's Medication Assisted Treatment (MAT) standards came into force in April 2022. These are evidence-based standards to enable the consistent delivery of safe, accessible, high-quality drug treatment across Scotland. Forensic Physician staff had some awareness of the MAT standards. We were encouraged to see that the community teams, such as the mental health team (CATS) and substance use services, were working together to support the implementation of the standards across Dumfries and Galloway, including in respect of people in custody.
125. There was information for detainees to attend community recovery hubs on liberation to support people to access blood borne virus testing, same day OST prescribing and treatment and psychological therapies.



126. The Forensic Physicians have not had any awareness sessions or training in the use of Naloxone. However, police custody staff at the centres were trained and had access to Naloxone.

#### **Recommendation 14**

Dumfries and Galloway HSCP should ensure that all Forensic Physicians are trained in the administration of Naloxone.

### **Mental health**

127. Forensic Physicians would triage and undertake an initial assessment of patients' mental health by telephone if this was indicated. There was a clear agreed process for accessing secondary mental health assessments<sup>29</sup> if required. We saw good practice in the attendance of the mental health nurses in-reach service, with the CATS team attending both custody centres to undertake comprehensive mental health and risk assessments and plan care for detainees whilst in custody and on liberation. There were clear referral pathways in place to support assessment and management of detainees with mental health distress in custody.

128. Fitness to release assessments were undertaken by the Forensic Physician or the CATS team where there was a risk of harm or identified vulnerabilities. Risks were recorded within the assessment for those detainees whose risk to self had been highlighted by custody staff.

129. Inspectors were informed that custody is rarely used as a place of safety under section 297 of the Mental Health (Care and Treatment) (Scotland) Act 2003.

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<sup>29</sup> Secondary mental health involves more specialised services that offer emergency response and planned treatment for individuals with more severe or complex symptoms.



### **Pre-release pathways and referrals**

130. A number of posters were visible throughout the custody centres signposting detainees to community support services. Leaflets were also provided to people on release.
131. There were clear and established processes in place to link in with community pharmacies, community mental health and substance use services where required for continuity of care.
132. Third sector supports were limited to two third sector organisations which focused on substance use and mental health. These organisations offered a face to face meeting and a signposting and referral service to community support services for detainees.
133. There was also information on display regarding a local drop in run by the substance use teams. This detailed how people could access a range of interventions to support their wellbeing, ranging from wound care to prescribing of medications and harm reduction.

### **Detainee transfers**

134. GEO-Amey are the escort provider contracted to transfer detainees from Stranraer and Dumfries police stations to the appropriate Sheriff Court or to prison as required. Staff at both custody centres reported having very good working relationships with GEO-Amey counterparts, stating they are familiar with each other and have personal accountability. Staff also reported that the escort to court from both centres is generally prompt.
135. Personal escort record (PER) forms are provided by the escort provider GEO-Amey. They should be completed by custody staff for each detainee being passed to GEO-Amey in order to summarise the identified risks. GEO-Amey also receive an email including this information. The PER forms were examined at both centres and found to be completed to a high standard.



### **Police Constable-led custody centres**

136. Police Constable-led (PC-led) custody centres were introduced following extensive review and trials of the process undertaken as part of a custody transformation process. PC-led custody centres have become an integral part of the overall National Custody Operating Model.
137. The premise of the PC-led model is that suitably trained, experienced and approved Police Constables, who have the proven capability to perform the duties of Custody Officer, assume the lead role for coordinating onsite custody operations under the remote supervision of a custody sergeant. They will therefore provide guidance for custody staff as required and provide authorisation for detention and liberation in line with criminal justice legislation and guidelines.
138. At time of inspection, Stranraer had one sergeant to supervise the staff and manage the custody centre. In the absence of that sergeant, staff are supervised remotely by the sergeant at Dumfries. This arrangement is reported to be managed effectively.

### **Local policing**

139. Local detective officers indicated that forensic medical requests emanating from Stranraer necessitated a three hour return journey to Dumfries to access FME services. This journey time is further extended when the case relates to paediatric victims where specialist practitioners are based in Wishaw. This requires transport firstly to Dumfries then Wishaw before returning to Stranraer. This can have a significant impact on staff time and resources as well as the individual involved.
140. Officers stated that interpreter services were rarely required and that they use telephone services whenever possible. Appropriate adult services were not required frequently, however when required, officers stated that the service worked well despite the travel distances involved.



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HMICS operates independently of Police Scotland, the Scottish Police Authority and the Scottish Government. Under the Police and Fire Reform (Scotland) Act 2012, our role is to review the state, effectiveness and efficiency of Police Scotland and the Scottish Police Authority. We support improvement in policing by carrying out inspections, making recommendations and highlighting effective practice.

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