

OFFICIAL - SENSITIVE

they can go to the Welfare Office or Residential DCM office, who will allow them to print off the information they require. However this would not be available for general browsing or catching up on their e-mails as this would take up Welfare/Residential DCM full time .

6.12 Toilets and Lock Up in Brook House IRC

- 6.12.1 All rooms have a retro-fit toilet, which is shielded for privacy by a curved wall and a sheet of velcroed material across the doorway. G4S acknowledged that some curtains were previously missing which would mean the user could be seen, however all curtains have recently been replaced during a refurbishment of the rooms.
- 6.12.2 During the review of detainee complaints for April, May and June 2017, only one formal complaint about sharing a room with two other detainees was identified and there were two complaints about the toilet. Staff acknowledged that some detainees do not like sharing a room with two others, while others like to share with two friends. However good the ventilation, and it was reported as poor by detainees, it was likely that sharing a room with 2 detainees with a toilet in the room would cause a level of discomfort.

7. **CONSIDERATION OF EVIDENCE AND CONCLUSIONS**

7.1 **Allegation 1: that on 29 June 2017, prior to leaving his room, DCM Tomsett was rude to Mr [D668] saying "pack your stuff and get out!" Mr [D668] was later mocked by G4S officers when he returned to Brook House IRC reception following a failed removal.**

- 7.1.1 Whilst DCM Tomsett could not recall this incident, the roster showed that he had been a wing officer on the Induction Wing (B Wing) on 29 June 2017. He said that Mr [D668] would have remained on B Wing in readiness for his removal. So, both were on B Wing at the time of the alleged incident.
- 7.1.2 Mr [D668] said himself that he had been told to pack his belongings at 08:00 hrs by a DCO and had remained in his room. He had then been told a second time by DCM Tomsett at 10:00 hrs and when he had asked for more time had been told *"get your stuff and get out there."*
- 7.1.3 Given the IS.91 showed that Tascor had collected Mr [D668] from Brook House IRC at 10:30 hrs for his 16:15 hrs flight to Cote D'Ivoire, it is reasonable to assume that he needed to be in the discharge area rather than his room. Mr [D668] asking DCM Tomsett to wait a minute given the timescales could have escalated the situation to the point that DCM Tomsett felt he had to be direct to encourage compliance.
- 7.1.4 However, the fact is Mr [D668] said that this happened and he had felt *"shocked"* about the manner in which he had been spoken to. DCM Tomsett could not recall this incident. There were no witnesses. Given there was another incident between the pair on the Visits corridor, this will be **held in the balance** and considered alongside the other complaint.

- 7.1.5 The Movement Order (MO) was cancelled at 15:43 hrs. and Mr [D668] was signed back over to Brook House IRC responsibility at 17:30 hrs. The roster showed DCOs N Simmons, N Timms, D Bulled and a female DCO M Cunnin'ham on duty.
- 7.1.6 All the reception officers were consistent in their accounts in relation to not remembering Mr [D668] or the event and given this was eight months ago this was accepted as a reasonable response. They were consistent that the behaviour described by Mr [D668] would be "*weird*" given there were often failed removals so it was a normal occurrence and would not affect such a response as "*oh he's coming back.*" I was satisfied with this response, being aware that detainees are often returned following failed removals. All said that other officers could have been present and made the comment but none had heard such a comment. I was satisfied from Mr [D668] evidence that it had been two male DCOs on the reception desks.
- 7.1.7 However, the way in which Mr [D668] displayed his upset during interview was moving. He had had a very upsetting and stressful time during the attempted removal and described this in full. This could have affected his perception of his reception back into Brook House IRC. He was already very emotional on his return. I have balanced this with the fact that DCO Cunnin'ham was a witness and she raised no concerns regarding her colleagues' actions and two independent Tascor officers had been present as Mr [D668] arrived and recalled no incidents. I would have expected them to comment if Mr [D668] had become more upset. I have also considered the officers' response to how upset Mr [D668] said that he was about how he had been treated. On the evidence and to a balance of probabilities, I do not find that Mr [D668] was mocked by G4S officers when he returned to Brook House IRC reception following a failed removal. This allegation is **unsubstantiated**.
- 7.2 Allegation 2: that on 12 August 2017, a detainee threw a bucket of water on Mr [D668] and his friend which he reported to a G4S officer but no action was taken.**
- 7.2.1 Although unclear on the date initially (he said Mr [D450] provided the date 12 August 2017) Mr [D668] was very concise about the actual incident and the officer he reported the incident of water pouring to. Mr [D450] was consistent in the main about what had happened the day water had been poured on them both.
- 7.2.2 DCM Harkness' evidence was mainly consistent with Mr [D450] and Mr [D668]. I was satisfied that on a date in August, detainees (s) had poured water from the second floor onto the diners below and a number of detainees and their food had been covered with water. These detainees had complained to DCM Harkness and he in turn had escalated this, fearing a repercussion of unruly behaviour and being new into the role. Some managers had become involved and spoke to the two perpetrators. They had decided to monitor the situation. The affected detainees had been told G4S were dealing with the incident.
- 7.2.3 I accept DCM Harkness' rationale why the names of the perpetrators were not

may be physical, emotional or psychological.' The policy invites detainees to complain in a number of ways, one of which is to an officer. The officer should then make a verbal referral to the Oscar 1 and written IR and SIR reports. No-one documented Mr [D668] or the other detainees present accounts'. The officers and managers present breached this policy.

- 7.2.9 It states 'all Gatwick staff will be trained to respond appropriately and confidently to any incident of physical violence. The level of intervention will always be appropriate to the incident.' The throwing of water onto the diners below was an act of physical violence that according to DCM Harkness, was capable of leading to a "mass brawl." This was still very vivid in the mind of DCM Harkness and I would go as far as to state the three managers who attended, given the numbers who did attend and yet it was not documented anywhere.
- 7.2.10 I have looked at the level of intervention and the decisions made by the managers against the guidance and this states for victims, 'seeking help will be actively encouraged as positive and powerful action by anyone who may become a victim of violence at Gatwick. Detainees will always be given feedback on how the issues have been dealt with. Guidance to staff is 'always acknowledge complaints and grievances and, if possible, try and answer them. They may be totally irrelevant and not based on fact, but you may be able to suggest a solution or compromise that is accepted and, at the very least, you may be perceived as trying to help.' Mr [D668] and his fellow detainees did seek help that day. They were given limited but sufficient feedback on how their concerns had been dealt with.
- 7.2.11 In terms of the perpetrators the guidance states 'perpetrators will be left in no doubt that their behaviour is unacceptable and will not be tolerated or sustained. We will always seek for reasoned change in behaviour rather than retribution. As well the personal safety of victims we will respect that perpetrator's personal safety will also need to be respected and addressed. Perpetrator's will always be challenged and may be subject to one or several actions.'
- 7.2.12 None of the actions open to managers were taken. No warnings were issued or any moves instigated. Feedback to the detainees was limited to we are dealing with it but with no visible action.
- 7.2.13 On the evidence (or in this case lack of it) and to a balance of probabilities, I find that the complaint allegation that a fellow detainee threw a bucket of water on Mr [D668] and his friend, which he reported to a G4S officer but no action was taken **substantiated**. There was no written record of the event, how it was dealt with or how the complaint was responded to, suggesting the complaint was not responded to.
- 7.3 **Allegation 3: that on 17 or 18 August 2017, Mr [D668] was allegedly assaulted by a detainee on D Wing staircase, which he reported to a G4S officer but no action was taken.**
- 7.3.1 Mr [D668] stated that this assault, 'shove on the shoulder', had occurred on D Wing stairs. There was no CCTV, given it occurred four months prior to the investigation, however, the CCTV would not pick up such altercations as there are

areas obscured and blind spots on the staircase (photos 4 and 7 to 14)

- 7.3.2 The detainee and his friends who had blocked and 'shoved' Mr [D668] were not identified by Mr [D668] so the only witnesses were Mr [D1249] and DCO Camara. It is questionable, given the evidence and the regime that Mr [D1249] from C Wing would have been able to access D Wing and at that exact time see any altercation and respond to it as alleged by Mr [D668]. Mr [D1249]'s evidence bore this out. He was unable to give any consistent witness account.
- 7.3.3 DCO Camara likewise. He had not witnessed a detainee on D Wing stairs 'shove' Mr [D668] and had not commented as stated by Mr [D668]. He was one of the few DCOs who recognised Mr [D668] given he worked on D Wing sometimes. He was aware Mr [D668] would complain about general things, but had been unaware of any of the complaints being currently investigated. He described the SIR and anti-bullying policies he would have followed if he had been present during the alleged incident. I was satisfied that if DCO Camara had seen the incident he would have recorded it appropriately and mediated between the pair, as suggested in the Violence Reduction Strategy (paragraphs 6.4.7 and 6.4.8). Mr [D668] was not complaining about DCO Camara's actions in any case.
- 7.3.4 No IRs, SIRs or DAT observations were made in respect of this incident. Mr [D668] was unable to describe the security officer he had made his verbal complaint to. The two witnesses put forward were unable to support Mr [D668] account. Without anything more and on the evidence and to a balance of probabilities, I find the allegation that on 17 or 18 August 2017, Mr [D668] was assaulted by a fellow detainee on the staircase, which he reported to a G4S officer but no action was taken **unsubstantiated**.
- 7.4 Allegation 4: that on 24 August 2017, prior to a visit from his brother, Mr [D668] was allegedly 'frisked extremely aggressively' by DCM Darren Tomsett and this intimidated Mr [D668]**
- 7.4.1 Mr [D668] identified DCM Tomsett as the officer on duty when he had had a visit with his brother. He was mistaken on the date. It was established from the rosters and the presence of DCM Tomsett and the description of the female DCO that this visit had been on 20 August 2017. There were five DCOs on duty. However, DCM Tomsett had been a manager at this point and not a DCO. He had been rostered to cover A and B Wings but said at this time he would sometimes be the manager for all the residential wings when short staffed and indeed on 20 August 2017 the roster supported he had covered four instead of two residential wings.
- 7.4.2 It would then seem unlikely that he would be in the Visits area, given the wider than usual residential role he would have had that day. DCM Tomsett said that even as a DCO he had been a residential DCO and had rarely covered Visits.
- 7.4.3 Two witnesses were put forward by Mr [D668] but neither responded to requests for their accounts. There was no CCTV and given this had been four months after the incident, there would be little expectation of any unless an incident had been recorded by an officer. There were no IRs, SIRs or DAT observations recorded.

- 7.4.4 Mr [D668] was adamant that the officer who had 'frisked him extremely aggressively' had been DCM Tomsett. He said that *"everyone knew Darren Tomsett was a racist."* Checks with DEPMU about complaints they had registered (since September 2017) for DCM Tomsett showed that there had been one of excessive use of force but this had been unsubstantiated in a PSU investigation. HRM Fernandes said that there had been no misconduct investigations for DCM Tomsett.
- 7.4.5 There had been a detainee complaint in June 2017 alleging DCM Tomsett was aggressive and discriminated against Black African and Afro-Caribbean's. It was referred back to Brook House IRC by PSU as it had not met the threshold. RRDM Edwards investigated fully, speaking to the available detainees, DCM Tomsett and reviewing documents, of which there were none. He concluded there was insufficient evidence of such behaviour. The other six detainee complaints were of a similar nature, 'not friendly...aggressive...racist...unfair' and G4S investigated and found these unsubstantiated. As part of these investigations, PSU investigated a homophobic comment allegation and found this unsubstantiated.
- 7.4.6 DCM Tomsett said that he had been accused of being a racist a number of times but had been told that was because he was doing his job. He said he had never been racist and sometimes detainees called officers racist because they did not like the answer the officer had given them. He said racist was a *"loose term that is thrown around in there by detainees against staff."*
- 7.4.7 Indeed, a few of the officers interviewed across the centre were asked to comment on whether they had seen any verbal or racist abuse by officers towards detainees. They mirrored the sentiment and said the Panorama programme had heightened the use of the word and the threats by detainees towards officers that the detainees would say officers were racist both to get their own way but also to raise false complaints.
- 7.4.8 Nurse Sihlali said the same. She said *"detainees did not know the meaning of the word racist."* Last week she had seen a detainee and his first words to her had been *"you fucking big fat black bitch."* She froze. He said *"you don't know what you are fucking doing."* Two detainees had been stood at the door and she had told this one to get out. These detainees had said that they would have beat this detainee up if he had laid a hand on her. The abuse and spitting was at the officers and not by officers to the detainees. Nurse Sihlali was [Sensitive/irrelevant] and being abused for the colour of your skin is not nice. She said she has been called racist several times by detainees. She said *"they use the word for effect. If staff say no then the detainee calls them racist. This word is used to get what they want. Young officers would often give what the person wanted so they are not called racist."*
- 7.4.9 I considered what Mr [D668] had said about the way DCM Tomsett had spoken to him on 29 June 2017 and whilst DCM Tomsett's comment had been a direct instruction, I did not find that this had been racist as claimed. On the evidence and to a balance of probabilities, I find that DCM Tomsett was neither rude nor racist when he had told Mr [D668] to *"pack your stuff and get out!"* The allegation that he was (paragraph 2.1.1) and the findings at paragraphs 7.1.1-7.1.4 that were held in the balance are now **unsubstantiated**.

could be found distressing to persons unused to this, such as Mr [D668], it is necessary for the safe and secure running of the centre. Not least given the opportunity for drugs and other items being passed during visits. The allegation that on 20 August 2017, Mr [D668] was 'frisked extremely aggressively' by DCM Darren Tomsett is **unsubstantiated**.

- 7.4.16 I have considered Mr [D668]'s assertion that the female DCO present (DCO Mehraa) knew what DCM Tomsett was like but did nothing about this as unfair. Whilst she no longer works for G4S and has not responded to requests for her account, she was a professional DCO and as such would have been bound by the Violence Reduction Strategy as well as her DCO certification. This states that 'those working at Gatwick Immigration Removal Centre have a duty to treat all grades of staff, visitors and detainees with respect and dignity. All members of staff have a duty to report bullying whether it is a series of occurrences or a single incident.'

7.5 Allegation 5: that Brook House officers informed the doctor not to complete Mr [D668] Rule 35 Assessment fully.

- 7.5.1 Mr [D668] said that on 28 July 2017, he had questioned why the doctor completing his R35 Assessment had not completed the body map and the impact detention was having on him and the likely impact of continued detention. He said initially that the doctor had told him that the Home Office had told him not to complete these sections but when pushed that the Home Office knew doctors had not completed body maps for over 12 months and he, the doctor did not want to do the assessment on the affects of continued detention.
- 7.5.2 Mr [D668] suggested that by not completing these two sections that the Home Office had taken a negative inference when they had completed his Rule 35 decision.
- 7.5.3 Dr Chaudhary said that ever since the HO workshop he attended in January 2017, prior to starting at Brook House IRC in February 2017, there had been an understanding that body maps added little and who made the assessment about continued detention "vague." He said the decision should be for the HO based on all areas and not just the doctor's assessment. On that basis, he did not complete body maps, feeling the listing of scarring as being as effective. He did not make an assessment about the impact of detention and by not doing so, the HO based their decision on the lack of comment meaning there was no impact. This was what he intended and what had happened in Mr [D668] decision. He said if there was an impact, he would complete a Part C for the detainee's release from detention.
- 7.5.4 He said that he might have said in passing to Mr [D668] that body maps are no longer required. Dr Chaudhary said he had not been asked by Mr [D668] or anyone why he had not commented on the impact of continued detention.
- 7.5.5 DSO 09/2016 Rule 35 defines torture as, 'any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person for such purposes as obtaining from him or a third person information or a confession, punishing him for an act he or a third person has committed, or intimidating or coercing him or a third person, or for any reason based on discrimination of any

kind.' It states that the Medical Practitioner (MP) 'shall report to the manager on the case of any detained person who he is concerned may have been the victim of torture. The manager shall send a copy of any report under paragraphs (1), (2) or (3) to the Secretary of State without delay.'

- 7.5.6 It continues that 'if the medical practitioner is concerned that a detainee may have been a victim of torture, they must submit a Rule 35(3) report. It is for the medical practitioner to decide if they have concerns in a professional capacity that a detainee may have been the victim of torture. The medical practitioner must always state clearly the reasons why they have concerns arising from the medical examination – specifically the medical evidence which causes these concerns, including all physical and mental indicators. Where there is medical evidence in support of an allegation, the medical practitioner must set out clearly all physical and mental indicators in support of their professional concerns. They must record any mental or physical health problems that are relevant to the torture allegation.
- 7.5.7 Where possible, the medical practitioner should say why they consider the person's account is consistent with the medical evidence. The medical practitioner should consider whether the injury, health problem or other indicator may have other possible explanations which do not relate to torture. The medical practitioner must identify any medical evidence which may or may not be contrary to the account given by the detained person.
- 7.5.8 Turning to the actual template report and the final assessment submitted by Dr Chaudhary, this showed that he had written down the account as provided by Mr [D668] in Section 4. The next section asked for 'relevant clinical observations and findings and listed what was required. Dr Chaudhary mentioned the scars only. There was no request for a body map and no information provided by Dr Chaudhary regarding Mr [D668] medical history and the fact that there had been no mental health concerns up until the point of the Rule 35 disclosure.
- 7.5.9 The most concerning section was the assessment at Section 6. This asked for Dr Chaudhary's 'reasoned assessment of why, on the basis of the detainee's account together with his own examination and clinical findings, he was concerned that the detainee may have been a victim of torture. There was a list of areas to address including 'impact detention is having on the detainee and why, including the likely impact of ongoing detention.' Dr Chaudhary chose not to address any of these. In terms of why he had objective grounds for his concern he stated 'his scars may be due to his account.' There was no assessment about the continued detention or anything else.
- 7.5.10 Dr Chaudhary said that the clarity about who made the decision about continued detention was a "blurred line." In his evidence he was quite clear that he did not feel that the decision about detention should be merely his and a clinical one. I was concerned about the lack of his comment being construed as an inference there was no concern. If so then just put it and take the 'mystery' out of it all.
- 7.5.11 The DSO on Rule 35 was very clear, as was the assessment form and instructions Dr Chaudhary had in front of him. It is acknowledged that Dr Chaudhary is making a number of these assessments daily and his reluctance about making a clinical

assessment in case things changed, however that should not detract from the importance of the process or the individual before him. Medical Practitioners (MP) are asked for their clinical assessment because this is an essential part of the decision making process. Dr Chaudhary, as a MP completing the Rule 35 assessment is required to give this and chose not to do so. I found that Dr Chaudhary's assessment of Mr [D668] under Rule 35 was incomplete. It was unfair for Dr Chaudhary to assume that by not stating the impact of detention that an assumption of no impact would be made by the caseowner.

7.5.12 Likewise, I was concerned that the caseowner had not queried the missing information and had just made her own assessment on an assumption that no impact stated meant there was no impact on continued detention. These will be addressed in recommendations.

7.5.13 On the evidence and to a balance of probabilities, I find the allegation that Brook House officers informed the doctor not to complete his Rule 35 Assessment **unsubstantiated**. It was Dr Chaudhary who decided not to complete a body map and not to comment on the impact of continued detention and not Brook House officers or the HO as implied.

7.6 **Allegation 6: that on 14 July and 07 September 2017, a nurse in healthcare had allegedly been rude to Mr [D668] denying him access when the waiting room was not full and asking him to reveal medical details in front of other detainees.**

7.6.1 Whilst the member of healthcare staff described by Mr [D668] has not been identified, significant checks have been made with a Nurse who was present on 07 September 2017, Nurse Sihlali. This was to check the process for detainees accessing the nurse clinic to determine if and when access would be denied, given it is a drop in facility.

7.6.2 CLs Calver and Williams and Nurse Sihlali were consistent in their evidence that there is an open nurse clinic every day from 09:30-11:30 hrs. CL Williams provided a copy of the notice to detainees advising healthcare clinics and times. I was satisfied from this and Mr [D668] evidence that he was aware when he could access the nurse clinic.

7.6.3 Mr [D668] said that the door had been closed on 17 July 2017 and he had had to argue with the healthcare staff to open the door, given there were six seats and one of these was available so the clinic was not full as claimed by the nurse. He had also arrived within the allotted time (11:12 hrs). His medical notes showed that he had actually arrived at 10:13 hrs, was seen by a nurse and requested a Rule 35 and a GP appointment was made for 24 July 2017. Nurse Reed had seen him on that occasion. She was an agency nurse and not available.

7.6.4 Nurse Sihlali had not been on shift on 17 July 2017, but she outlined the process in the nurses clinic. She said that because there was no DCO in healthcare and detainees had been aggressive with healthcare staff there had been a risk assessment and a decision made that only six detainees should be in the clinic at one time; five seated and one with the nurse. The healthcare assistant would cover

concerns up given she provided no feedback to Mr [D668]

- 7.8.4 DCM Aldis said that he could not remember whether he had or had not helped Mr [D668] and said what he would have done if this had been raised to him. There was no note on DAT to say what if any, support had been offered to Mr [D668]. This showed that even after Mr [D668] had said he felt unsafe and provided his reasons for this, nothing was done with his complaint. He was an adult at risk as identified by the Rule 35 decision dated 25 July 2017. He was unused to the detention regime, given he was an immigration offender rather than an ex-prisoner. The actions of G4S officers were not those of support.
- 7.8.5 Both DCO Avery and DCM Aldis breached the Violence Reduction Strategy that states 'all complaints and grievances will be listened to and not dismissed out of hand. Detainees or Visitors to Gatwick are able to report concerns at any time even when they have left the Centre. All reports will be taken seriously and dealt with promptly and appropriately. Confidentiality will always be assured, but should circumstances change this, then it will be explained. Detainees will always be given feedback on how the issues have been dealt with.' They did dismiss it out of hand and provided no feedback.
- 7.8.6 On the evidence and to a balance of probabilities, I find that the allegation that on 16 September 2017, Mr [D668] attended a meeting with the care officer and a form was filled in about his complaints. He indicated he did not feel safe in Brook House IRC but had no feedback so felt neglected and the G4S officers did not care **substantiated**.
- 7.9 **Allegation 9: that on 26 or 27 September 2017, items were stolen from Mr [D668] room in his absence. When he spoke to the Wing manager he was told an investigation would take place but nothing happened and he felt angry that this behaviour had been sanctioned and he had received no reassurance this would not happen again.**
- 7.9.1 Mr [D668] was unable to identify the Wing manager he spoke to but a process of elimination has tied this to DCM Michael Yates who was on duty on 27 September 2017. DCM Yates cannot remember being told about the incident or conducting any investigation.
- 7.9.2 There is no observation on Mr [D668] DAT record or any IR or SIR reports submitted. No CCTV was available, given the time since the incident.
- 7.9.3 Given there were no records for the event on 12 August 2017 or after he had made a previous complaint on 16 September 2017, I have placed more weight on Mr [D668] evidence. On the evidence and to a balance of probabilities, I find on 27 September 2017 items were stolen from Mr [D668] room in his absence and although he spoke to the Wing manager and was told an investigation would take place nothing happened and he felt angry this behaviour had been sanctioned and he had received no reassurance this would not happen again **substantiated**.
- 7.10 **Allegation 10: that the IT system in Brook House IRC is so bad that it made it difficult for him to send emails to his lawyers.**

force i.e. internet provider as in this case. It does however state 'If a detainee has their access suspended and requires access to the internet for material relevant to their immigration case the detainee can approach the IRC's welfare office who will provide limited supervised access on a case by case basis.'

- 7.10.6 Whilst not an ideal situation, Brook House IRC were at the mercy of the internet provider and the provision of internet was therefore outside of their control. The Welfare office was available to detainees and I was satisfied that there were alternative means of communication, mobile phones and fax machines at Mr [D668] disposal.
- 7.10.7 On the evidence and to a balance of probabilities, I find the allegation that the IT system at Brook House IRC was so bad that it made it difficult for Mr [D668] to send emails to his lawyers **part substantiated**, given he had alternate means of communication.
- 7.11 **Allegation 11: that the toilet facilities in Mr [D668] room were inadequate and lacked privacy (causing Mr [D668] humiliation when using during times when his room was locked).**
- 7.11.1 Mr [D668] was extremely distressed when describing the toilet facilities in his room and his use of this, given he shared a room and was locked in this room at certain times during the day and all night. He said there was no cover and the toilet area was open. The window is fastened shut so there was no ventilation and there needed to be because of the smell. His bed had been opposite the toilet and he cried when his roommate used the toilet because of the smell. He had to lie there and smell it. He would not use the toilet during lock ins because it was humiliating and he hurt his stomach by keeping it in. He said there was no seat and the toilet was filthy and had never been cleaned; brown inside. He had to stand to use it and would not sit down on the dirty seat. He said all of this had been like torture and had affected his mental health.
- 7.11.2 The toilets in the rooms in Brook House IRC were viewed. They had a curved wall (to prevent ligatures) and a sheet of velcroed material across the doorway. G4S said that some of these curtains were previously missing but have since been replaced. There were two complaints about the toilets between April and June 2017. It was acknowledged that sharing a room with two detainee, with one toilet in the room, could cause discomfort and be unpleasant although the Home Office accepts this as an operating norm. The Operating Standards for IRCs state for hygiene 'the Centre must ensure that detainees have access to toilet and hand washing facilities 24 hours per day.'
- 7.11.3 During Sir Shaw's visit to Brook House on 22 June 2015 he noted, 'the toilet/shower was separated from the room by a curtain.' The norm, especially in new-build facilities, such as on the Heathrow estate and at Brook House, is for lock-in between 9pm and 8am (though, at Brook House, for example, detainees are also locked in their rooms for half an hour at noon and 5pm for roll call).'
- 7.11.4 He found that 'there is no evidence to suggest that any of the accommodation viewed in the IRCs and other detention facilities has not been certified as fit for use