

## Medway Secure Training Centre

HMPPS Youth Custody Service  
Sir Evelyn Road  
Rochester  
Kent  
ME1 3YB

### Monitoring visit

Inspected under the secure training centres joint inspection framework

### Information about this secure training centre

Medway Secure Training Centre is operated by Her Majesty's Prison and Probation Service. The centre provides accommodation for up to 67 male and female children aged 12 to 18 years who are serving a custodial sentence or who are remanded to custody by the courts.

Education is provided onsite by Nacro. Healthcare services are provided onsite by the Central and North West London NHS Foundation Trust. The commissioning of health services at this centre is the statutory responsibility of NHS England, under the Health and Social Care Act 2012.

**Inspection dates:** 4 to 5 December 2019

### This monitoring visit

1. The centre was judged inadequate at the annual inspection from 21 to 25 October 2019. The purpose of this monitoring visit is to assess what action the centre has taken to ensure that children are safer. This monitoring visit was unannounced.
2. The centre is scheduled for closure on 31 March 2020. At the time of this monitoring visit, 23 children were being provided with accommodation.
3. During this visit, inspectors reviewed the progress made in the following areas:
  - The use of pain-inducing techniques on children during incidents where physical restraint is used.

- Timely and consistent review of incidents so that managers can assure themselves that children are protected from harm and that any learning points can be raised with staff to improve their practice.
  - That those children who are involved in both physical restraints and incidents of self-harm are supported, helped and protected to reduce the risk of further harm.
  - Children who have specific medical needs should have minimising and managing physical restraint (MMPR) plans that inform staff of how to protect them during physical restraints. All staff working with a child should be fully informed of the plans for that child's daily care needs, including their physical, psychological and emotional needs.
  - Managers should ensure that communication between centre staff and healthcare staff significantly improves and that any shortfalls are recorded and investigated.
  - Appropriate recording by managers of all allegations of abuse or harm and referral of these to relevant agencies, in line with centre policy and Working Together to Safeguard Children 2018.
  - Appropriate staffing ratios to ensure that children are not locked in their rooms in a restricted regime at times that are not normal sleeping hours.
  - Assessment care and custody teamwork (ACCT) records and plans should demonstrate that managers consider all available information. ACCT plans should include the rationale for decisions made regarding strategies, interventions and observations that are put in place to protect children, and these should be proportionate to identified risks.
  - Consistent implementation of the centre's behaviour management strategy.
4. Following the annual inspection, senior managers responded swiftly in developing an action plan in response to the serious concerns identified. Communication via staff briefings and recently implemented governor meetings has commenced in an attempt to make staff aware of important practice issues. However, there has not been enough time for some of these processes to have been embedded in practice and demonstrate a positive impact on children.
5. Since the annual inspection in October 2019, the centre has made some progress in some areas to improve practice. However, little progress has been made in those areas that significantly impact on children's experiences, well-being and safety, and senior managers have been too slow to accept this and respond.
6. Physical restraint, including handcuffs, has been used with children on occasions where there is passive non-compliance, for example forcibly taking a child to their bedroom when they refuse to go to bed, although they are not presenting risks to themselves or others, or damaging property. The interim governor's view is that day staff need to go off duty at 8pm, meaning that night staff would have to deal with this matter while also having to look after the other children. The interim governor

confirmed that the centre has no contingency plans for these instances, and therefore they resort to the use of physical restraint for non-compliance.

7. The use of physical restraint for passive non-compliance is unacceptable and contrary to rules 37 and 38 of the Secure Training Centre Rules 1998. The use of restraint in these instances was seen to cause significant and unnecessary distress to children.
8. The governance and oversight of use of force has started to improve. New processes have recently been introduced to ensure accountability for staff in completing incident reports, and the number of reports that are currently outstanding is low. The backlog of quality assurance paperwork has been cleared. New quality assurance processes aim to ensure better oversight of the use of force at a senior level, although it is too early to see the impact of this in practice with children.
9. Force was used on 26 occasions in November. This is a decrease from previous months. MMPR accounted for 88% of the total use of force in November. Girls are disproportionately represented. They account for 100% of MMPR use, despite only representing approximately 16% of the population.
10. Although the overall use of force decreased in November, the proportion of use of force with children who are frequently involved in incidents of self-harm has increased. In November, 78% of MMPR use was to prevent self-harm. There is evidence that staff are attempting to use learning from post-restraint meetings to help reduce the frequency of physical restraint that some children experience, although it is too early to see the impact of this.
11. Pain-inducing techniques have not been used since the last inspection.
12. MMPR plans now clearly set out whether children have any medical conditions that increase risk when using certain techniques. Residential staff are aware of these plans. This helps to promote children's health and well-being.
13. Senior managers have put in place a decision log for when there is a request by healthcare staff for a child who, in their medical opinion, needs hospital treatment. The record will include the rationale for any decision made. The log is to be signed by healthcare and centre staff. If either party is not in agreement, the reasons will be recorded.
14. The practice of children being locked in their rooms in a restricted regime at periods that are not normal sleeping hours has ceased. Children have not been in any prolonged restricted regimes since the last inspection. This means that children have had more opportunity to engage in activities that they have earned through the centre's behaviour management strategy.
15. A serious child protection concern was not referred to the relevant authorities in line

with safeguarding procedures. The centre's safeguarding manager confirmed that they did not identify this concern. This placed children at risk of harm. When the matter was brought to the safeguarding manager's attention, liaison took place with the local authority's designated officer to take the matter forward.

16. Most safeguarding records provide an overview of actions taken to refer, investigate or respond to allegations of abuse or harm. However, when these referrals are closed by the designated officer for the local authority, with recommendations for reflection, further training or internal review and action, managers do not complete this work. This is a missed opportunity to continually review and improve staff practice.
17. Assessment care and custody teamwork (ACCT) records have improved. These now provide sufficient details to enable relevant staff to determine necessary actions so that children are better protected. ACCT plans now include the rationale for decisions made regarding the frequency of checks and observations needed to keep children safer, either from harming themselves or others. The streamlined quality assurance of ACCT records means that reviewing managers are now quick to identify recording shortfalls in these plans within appropriate timescales. This ensures that these plans remain up to date and reflective of the children's personal circumstances and needs, enabling managers to assess the effectiveness of the strategies that are in place to safeguard children.
18. The centre's behaviour management strategy is undermined by an inconsistency of application. Children and staff consistently raised the issue of unfair and unequal treatment between units or individuals. Children are not able to appeal decisions if they think that they have been unfairly assessed.
19. A very serious allegation has been made about a staff member. The centre took immediate and appropriate action in response.
20. Staff and managers' oversight of practice on living units needs to improve to address low expectations of children's behaviour. While inspectors saw some examples of staff engaging well with children and encouraging positive behaviour, they also saw some negative or inappropriate behaviour going unchallenged, including the ongoing use of cannabis by children.

## Recent Inspection History

<b>Inspection date</b>	<b>Inspection type</b>	<b>Inspection judgement</b>
21–25 October 2019	Annual	Inadequate
3–7 December 2018	Annual	Requires improvement to be good
26 February–21 March 2018	Annual	Requires improvement to be good

## **Information about this inspection**

The purpose of this visit was to monitor the action taken and the progress made by the secure training centre since its last inspection.

The centre was inspected under the secure training centres inspection framework.

This inspection was carried out in accordance with Rule 43 of the Secure Training Centre Rules (produced in compliance with Section 47 of the Prison Act 1952, as amended by Section 6(2) of the Criminal Justice and Public Order Act 1994), Section 80 of the Children Act 1989. Her Majesty's Chief Inspector's power to inspect secure training centres is provided by section 146 of the Education and Inspections Act 2006.

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## **Inspectors**

Lead Inspector: Pauline Higham, Ofsted, Her Majesty's Inspector

Jo Stephenson, Ofsted, Social Care Regulatory Inspector

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Rebecca Stanbury, Her Majesty's Inspectorate of Prisons, Inspector

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