Attachment 1

CQC Letter: The therapeutic acute mental health ward

Summary

Attached is a letter and brief guide from the CQC's Head of Mental Health Inspection. It seeks to clarify existing standards, provide guidance on the provision of therapeutic care for acute inpatient mental health wards and is formal notice of its intention to utilise these in forthcoming Mental Health Inspections.

Following last year's State of Care Report the CQC reported, "O*ur greatest concern is about the quality and safety of care provided on mental health wards".*

The concerns are essentially threefold:

i. With the physical environments in which care is provided.
ii. Whether care is actually therapeutic.
iii. Whether there is effective quality assurance of the care being provided.

Concerns with care specifically relate to:

- Use of Restrictive Interventions.
- High rates of Assaults including sexual assault and harassment.
- Staffing.
- Use of evidence based therapeutic interventions (NICE recommended).
- Quality of leadership.

The Independent Review of the MHA (yet to be fully responded to by Government) recommended the CQC:

i. Review/Revise Ward Design Requirements
ii. Set Criteria for Monitoring Wards' Social Environment.
iii. Use the above as the basis for registration and inspection.

Next Steps

Over the next year the CQC intends to:

- Review /revise the brief guides that direct inspectors.
- Strengthen their assessment of the actions taken by providers to minimise the use of restrictive interventions / learning from the thematic review of restraint, seclusion and segregation.
- Assess the steps taken by providers to minimise the impact, on dignity and safety, of wards with shared sleeping arrangements ('dormitories') and expect providers to have a credible plan to eliminate dormitories by a stated date.
- Give greater weight to the range of treatment and care interventions that would benefit people admitted to a mental health ward.

- Implement the actions set out in CQC's recent report on sexual safety on mental health wards.
- Ensure CQC's findings are a prominent part of the improvement plan agreed with NHS trusts participating in the mental health safety improvement programme led by NHSI.

We can expect to see these developments reflected in future CQC inspections and Mental Health Act Monitoring Visits (MHAMVs).

Agreed Actions

- EDG agreed it required Care Standards and Clinical Services to undertake to ensure all 5 Acute Care / 7 other Wards are fully aware of the existing standards, Brief Guidance and what is required.
- The Associate Directors to establish a task/finish group to undertake this work.

Required Actions

- To receive the letter and brief guide for awareness and information.
- Board to be up-dated on this notice.

Letter from the CQC's Head of Mental Health Inspection

In the mental health chapter of last year's State of Care Report, CQC stated that 'our greatest concern is about the quality and safety of care provided on mental health wards'. I am writing to let you know what CQC is doing to strengthen its regulation of these vital services.

In his foreword to the report of the independent review of the Mental Health Act, Simon Wessely says that 'we must acknowledge that the environment in which we look after those detained under the Act is now often anything but therapeutic'. His report suggests that this issue has 'slipped below the radar, in some cases because of low expectations of what constitutes good care, and in others because of poor quality assurance of the care provided on wards'.

The NHS long term plan also acknowledges the 'wide variation in the quality and capability of these acute mental health units across the country' and states that 'capital investment from the forthcoming Spending Review will be needed to upgrade the physical environment for inpatient psychiatric care'.

What are the concerns about mental health wards?

CQC has highlighted the high use of restrictive interventions on mental health wards (and the great variation in use between wards), the high number of assaults on patients and staff and the frequent incidents of sexual assault and harassment. Underpinning these are problems with:

- The physical fabric of wards. Many wards were not designed to provide safe care for the group of patients that are admitted today. Staff find it difficult to observe all areas easily, many wards have fixtures and fittings that can endanger people who are at risk of suicide and staff who work on wards that admit both men and women find it difficult to comply with guidance on the elimination of mixed sex accommodation.
- Providing patients with access to the full range of treatment and care interventions recommended by NICE.
- Staffing to ensure that there are both a sufficient number of staff who know the ward routine and the patients to maintain safety, and that staff have the skills required to minimise the use of restrictive interventions.
- The quality of leadership and the extent to which this fosters a culture of engagement, co-production and 'no force first'.

What CQC plans to do

The report of the independent review of the Mental Health Act acknowledges CQC's concerns about the quality and safety of mental health wards and calls on us to take action. The report recommends that the requirements for the physical design of wards are revised and asks that 'the prompts and guidelines currently used for inspections in the assessment frameworks specific to mental health inpatient care are reviewed. It also recommends that 'CQC should develop new criteria for monitoring the social environments of wards. These criteria should be the yardstick against which wards are registered and inspected and this should be reflected in ratings and enforcement decisions'.

Over the coming year, CQC will:

- Review, and where necessary, revise the brief guides that direct our inspectors; to ensure that they set an appropriate level of expectation for the quality of care experienced by people admitted to a mental health ward;
- Strengthen our assessment of the actions taken by providers to minimise the use of restrictive interventions – drawing on learning from the thematic review of restraint, seclusion and segregation ;
- Assess the steps taken by providers to minimise the impact, on dignity and safety, of wards with shared sleeping arrangements ('dormitories') and expect providers to have a credible plan to eliminate dormitories by a stated date;
- Give greater weight to whether patients have access to the range of treatment and care interventions, other than medication, that would benefit people admitted to a mental health ward;
- Work with partner bodies to fully implement the actions set out in CQC's recent report on sexual safety on mental health wards;
- Ensure that CQC's findings about the quality and safety of mental health wards are a prominent part of the improvement plan agreed with NHS trusts that participate in the mental health safety improvement programme led by NHSI;
- For NHS trusts, review the extent to which Boards are aware of the quality of the inpatient estate and how active are the steps taken to obtain capital investment – if that is required.

You should expect to see these developments reflected in our inspections and Mental Health Act review visits over the next year.

CQC will undertake these developments in how it reviewing and monitoring mental health wards in collaboration with stakeholders and with those with lived experience of inpatient care. A date has already been set with the Mental health and learning disability nursing directors forum to commence a co-produced response

Context and policy position

The NHS long term plan[1] states that 'for people admitted to an acute mental health unit, a therapeutic environment provides the best opportunity for recovery. Purposeful, patient-orientated and recovery-focused care is the goal from the outset'.

The report of the Independent Mental Health Act Review[2] states that 'Commissioners and providers need to improve the social environments of wards'. Part of this is the development of a ward culture that 'promote[s] therapeutic benefit and minimise[s] institutionalisation'. The report recommends that government should require that CQC develops 'new criteria for monitoring the social environments of wards. These criteria should be the yardstick against which wards are registered and inspected and this should be reflected in ratings and enforcement decisions'.

This brief guide is part of CQC's response to this recommendation while we await the delivery details for long term plan and the government response to the review. It is intended to clarify our interpretation of existing standards and guidance for providing a therapeutic environment on acute mental health wards for adult of working age and for older adults.

Evidence required

NICE Quality Standards[3], clinical guidance[4] and the Mental Health Act, Code of Practice identify standards for providing a therapeutic environment for inpatients. Many of the factors are repeated in the summary list below – which also draws on the Royal College of Psychiatrists' Centre for Quality Improvement's standards for acute inpatient mental health services[5] (the versions for wards for working age adults and for older people).

A therapeutic ward:

- Has a **physical environment** that is welcoming, clean, well maintained and allows a degree of privacy and private space. Wards that admit people with dementia should have a dementia-friendly environment/layout.

- Has access to staff with the **specialist skills** to provide the range of care and treatment interventions that would benefit the patient group. In addition to mental health nurses and psychiatrists, this includes occupational therapists, clinical psychologists (or other staff trained and supervised to deliver psychological interventions) and pharmacists. Patients on older people's wards should also have access to referral services that meet the specific needs of older people (eg. podiatry, continence services, speech and language therapists, tissue viability nurse)

[1] https://www.longtermplan.nhs.uk/wp-content/uploads/2019/01/nhs-long-term-plan.pdf
[2] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/778897/Modernising_the_Mental_Health_Act_-_increasing_choice__reducing_compulsion.pdf
[3] https://www.nice.org.uk/guidance/qs14 (QSt 11 - 14)
[4] https://www.nice.org.uk/guidance/cg136 (1.6)
[5] https://www.rcpsych.ac.uk/improving-care/ccqi/quality-networks-accreditation/assessment-and-triage-wards-AIMS/our-standards and https://www.rcpsych.ac.uk/improving-care/ccqi/quality-networks-accreditation/older-adults-mental-health-services/publications-and-resources

- Enables patients to access **occupational therapy and psychosocial interventions** appropriate to their presenting needs.

- Provides a **programme of activities** for patients seven days a week and out of hours.

- Provides patients with targeted **lifestyle advice and health promotion activities** (including smoking cessation advice, healthy eating advice and access to physical exercise).

- Promotes **engagement, co-production and a therapeutic milieu** (for example, through regular community meetings involving patients and staff, opportunities for patients and staff to engage in joint activities, involving patients in decisions about ward procedures and the physical environment, ensuring that every patient is involved in regular conversations with staff, effective mechanisms for complaints and patient feedback).

- Has a **purposeful admission** process. Staff members explain the purpose of the admission to the patient, provide a welcome pack, inform the patient of their rights and how they can exercise these and create a comprehensive care plan in collaboration with the patient within a week of admission.

- **Enables discharge** at the optimal time for the patient. Staff commence discharge planning at the first multi-disciplinary review meeting and a provisional discharge date is agreed. Those staff who will be involved in providing aftercare participate actively in care reviews throughout the admission. There are no discontinuities in care and treatment at discharge.

- Is **self-reflective and committed to continuous improvement**. Staff undertake clinical outcome measurement at admission and discharge, review patients' progress against patient-defined goals, use data derived from outcome measurement and clinical audit for service development and participate in local and national quality assurance/improvement initiatives.

Reporting

The factors that make up a therapeutic ward cross all of CQC's five key questions (are services safe, effective, caring, responsive and well led?) and each should be reported in the appropriate section.

The overall summary for the report should include the overall conclusion about how therapeutic are the wards that make up the core service and, if applicable, what are the deficits and any improvement plans in place.