CARE QUALITY COMMISSION: THE STATE OF CARE IN MENTAL HEALTH SERVICES 2014 TO 2017

Today the Care Quality Commission has published State of care in mental health services 2014 to 2017, a comprehensive overview of the quality of care in registered specialist mental health services in England, based on the first full round of comprehensive inspections and thematic reviews conducted during this period. The report covers both NHS and independent mental health services. The CQC also discusses how re-inspected providers have responded to CQC's recommendations and what actions have improved quality.

This briefing summarises the main sections of the report including overall findings, breakdown of issues by key services, and improvement journeys. We also give a brief NHS Providers view on the key points for each set of key services summarised, as well as a full response through our media statement.

Key messages

- Overall we consider this report is robust, rigorous and evidence based. It offers a helpful insight into the challenges impacting the quality of mental health services in the current climate of high demand, workforce shortages and financial constraint, as well as insight into the factors that determine what constitutes a high quality service.
- It reflects the findings of our recently published State of the Provider Sector report, which focused on mental health providers. This highlighted the particular pressures on core services which mental health trusts are facing. We are pleased that the CQC chose to reference our report in its commentary.
- The report paints a picture of some excellent and good practice despite the very real challenges trusts are facing. It highlights too the substantial improvements a number of trusts have made to move from Requires Improvement rating to Good.
- Half way through the three year inspection process the five year forward view for mental health was published. Clearly the actions set out in that report will not have yet impacted the majority of trusts inspected, however we expect this to be a contributing factor to driving further improvements in the sector.

Summary, introduction and key points

The CQC acknowledges that more people than ever are receiving treatment and care for mental health conditions, with 1.8 million people receiving specialist mental health services in 2015/16, due to a reduction in the stigma associated with mental ill-health and the expansion of funding, provision and access to services. Notwithstanding this, the sector is facing an unprecedented combination of challenges in terms of high demand, workforce shortages, unsuitable buildings and poor clinical information systems. These pressure on services partly explain why the CQC has rated 36% of NHS core services as requires improvement for safety, and 4% being rated as inadequate.

The CQC recognises that the standard of caring in mental health is generally excellent and that staff have much to be proud of. There are six common themes identified as associated with a good or outstanding for well-led services:

- strong and **visible leadership**,
- a **clear vision and set of values** understood and shared by staff across the services,
- a **culture of learning** where staff are actively encouraged to participate and drive improvement,
- **good governance** including getting the basics of high quality care in place and ensuring staff are well-trained,
- **robust quality assurance** with meaningful quality and safety indicators and up-to-date risk monitoring, and
- high levels of **service user engagement and involvement** in care planning and service improvement.

Through its inspections, the CQC has found many examples of good and outstanding care but also found persisting poor care and variation in quality and access across different services. However, several areas of concern persist across services in both NHS and independent settings:

- **Safety:** on too many wards, the combination of a concentration of detained patients with very serious mental health conditions, old and unsuitable buildings, staff shortages and lack of basic training, make it more likely that patients and staff will suffer harm.
- **Restrictive practices:** the high prevalence of people living in 'locked rehabilitation wards', especially in independent services, is concerning and does not offer sufficient rehabilitation or recovery focus. The availability of discharge and step-down services are a key factor in this problem, along with fractured commissioning.
- **Access and waiting times**: delays to treatment, sometimes due to commissioning decisions, are driving increased out of area placements.
- **Poor clinical information systems**: patient care is suffering from poor planning and delays due to IT problems.
- The CQC is planning to strengthen its assessment of how, and how often, services use physical restraint in the future, as well as how providers respond to the key findings of this report.

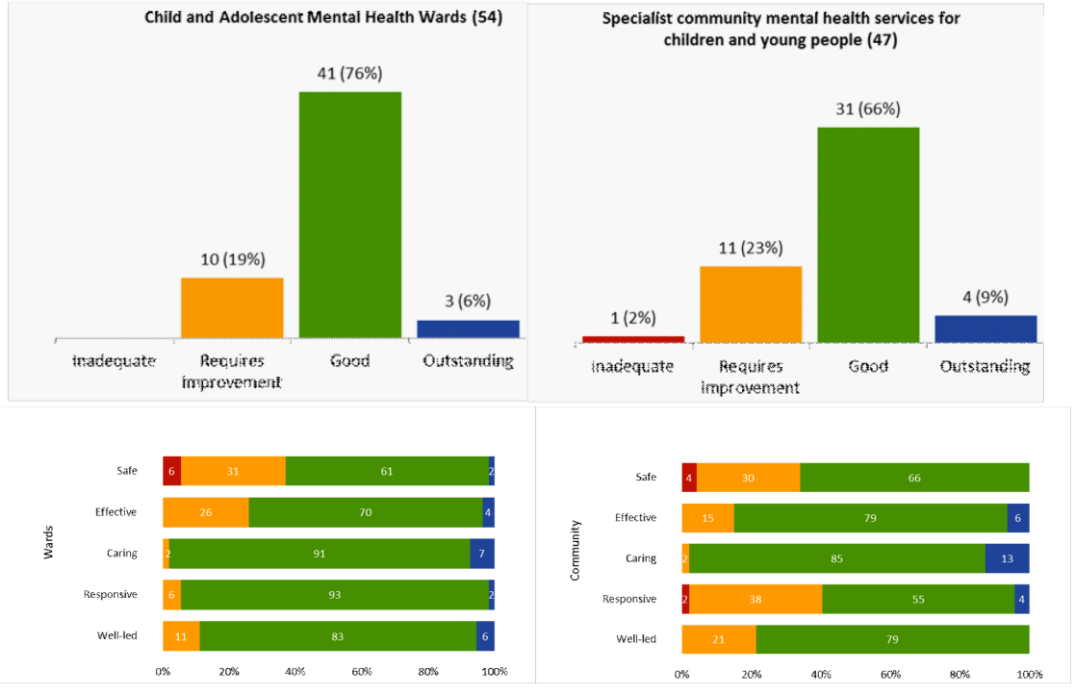
Children and young people's services

- **Accessibility:** Thresholds are increasing. Longer waits mean services are increasingly failing to meet their own or national targets for access, which is predominantly why 38% of community-based services were rated as RI for responsive. Some community services are also not monitoring the risk and acuity of children on waiting lists, so cannot respond to any escalation in a child's condition. Outstanding practices are helping children and parents to monitor their condition, and provide rapid access to services and comprehensive out of hours responses.
- **Staffing:** Pressures are showing through increased sickness and absence rates. More services must ensure staff training is up to date. Best practice included daily incident reviews, multidisciplinary and multiagency team meetings. Managerial attention to staff supervision and staff appraisals needed more focus in some services.
- **Involving children and young people:** the best services actively involved children in planning and decisions about care had a strong recovery focus, involving children in decision about how to manage risk and crisis.
- **Safety:** broad improvement is needed in risk assessment and management, record keeping especially in community services, staff training in safeguarding policy, de-escalation and minimising use of restraint and seclusion. Basic care planning was not always completed and recorded consistently and holistically.
- **Next steps:** CQC's review of CAMHS, currently underway, will complete by March 2018. It will also inform a new government consultation on children and young people's mental health due to commence in autumn 2017.

NHS Providers view:
These findings reflect the responses received from our members about the pressures on CAMHS, covered in our State of the Provider sector report. We evidenced the rising demand for CAMHS and the particular workforce shortages these services are facing. New models of care in children's mental health services are crucial step towards addressing the fractured commissioning underpinning much of the inefficiency, increasing thresholds for access

and out of area placements. We also recognise that local authority commissioning, health visitors and schools-based support have a critical role to play and we look forward to the government's plans for this in the forthcoming consultation later this year. We are keen to support our members to draw on good practice from these models, to expand provider tertiary commissioning as rapidly as a sufficient evidence base for local implementation can be developed. Member engagement and support for our advocacy on this is both necessary and very helpful.

Figure 1: Ratings for children and young people's services



Source: CQC ratings data as at 31 May 2017. Figures on horizontal bars are percentages.

Services for working age adults

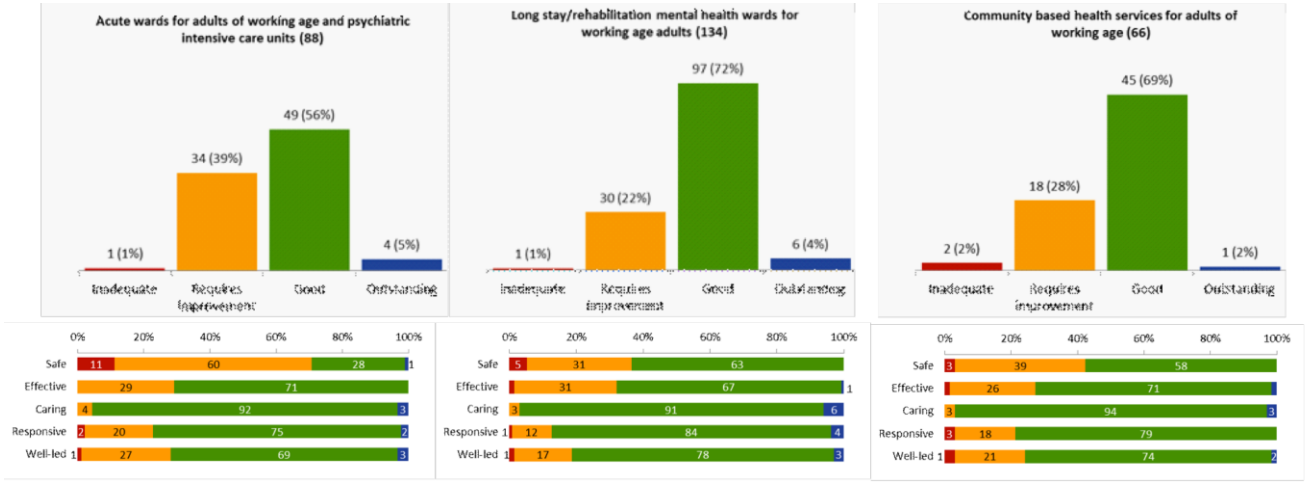
- Encompasses adult acute wards and Psychiatric Intensive Care Units (PICUs) (53 of 86 are NHS services), rehabilitation wards (46 of 134 are NHS services); and community-based services (53 of 66 are NHS services).
- Safety: risk level on PICUs and adults wards is increasing with acuity levels, and only 29 percent rated good or outstanding for safety. Particular concerns relate to risks of old buildings with poor layout, poor observation by staff, ongoing use of mixed sex and dormitory style accommodation.
- Staffing: shortages impacting on patient-staff time and access to psychiatrists; mental health nursing shortages being addressed by higher use of bank and agency staff which in some cases was not accompanied by sufficient briefing and training to ensure continuity of care and safety for patients.
- Restrictive interventions & practices: wide variation in use of restraint, with higher use reflecting lack of training in appropriate de-escalation and lower level intervention techniques, patient involvement in care planning, and cultural issues around staff-patient engagement. Blanket restrictions are used against the MHA code of practice.
- Access to and discharge from inpatient care: demand pressures mean out of area placements are rising. Good practice involved discharge planning at the point of admission or in advance, and continued support post-discharge. Systemic issues are impacting on timely discharge from rehabilitation wards including suitable local community placements and social housing. Length of stay in independent rehab wards is especially concerning.
- Access to non-crisis, community mental health care: Lots of positive community-based care, including prioritising urgent referrals, following up non-attendances, and improving provision of out of hours support.

- **Meeting physical health needs:** more consistency needed in monitoring and recording physical health checks. The best services actively promote healthy lifestyles, good nutrition and smoking cessation.
- **Pathways of care:** the best care involved coordination and detailed handover across teams and periods of joint working, use of tracking systems and a city-wide bed management system to manage resources effectively.
- **Commitment to improvement:** the best services actively encouraged and supported staff to engage in quality improvement training and to lead projects; participated in key Royal College of Psychiatrists programs.

NHS Providers view:

While we recognise the principle underlying the MHA risk-based approach to least-restrictive interventions, as CQC notes the risk environment of adult acute wards and PICUs is growing with increased acuity of presentations, coupled with the staffing shortages. CQC also notes that staff are reporting increasing fears for their safety, along with increased rates of violence and aggression from service users. In these circumstances it is incumbent on providers to ensure that staff and patient safety is prioritised and while search practices must be conducted with appropriate engagement and consent of patients, we would ask CQC to consider the issue in the round, and to work with trusts to come up with an approach that meets patient needs for privacy and dignity while ensuring the ward environment is as safe as possible. The proposed legislation on mental health will be an important opportunity to address issues that arise from the implementation of the Mental Health Act.

Figure 2: Ratings for service for working age adults



Source: CQC ratings data as at 31 May 2017. Figures on horizontal bars are percentages.

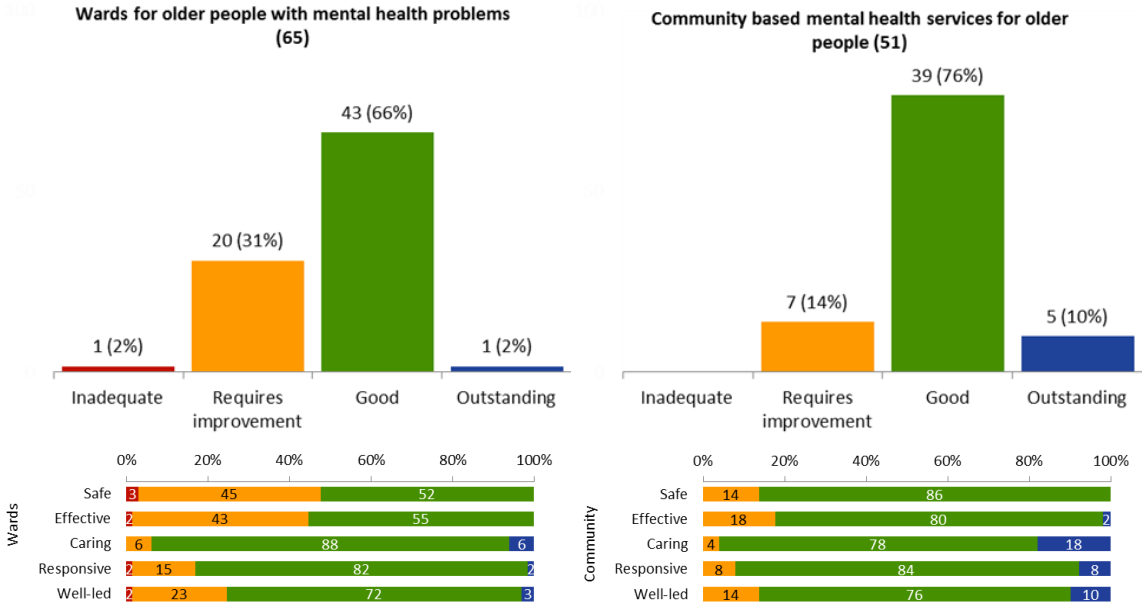
Older people's services

- Encompasses both home-based services (49 of 51 are NHS) and specialised inpatient services (53 of 65 are NHS)
- **Safety:** the primary concern on wards, reflecting similar challenges as working age adults due to estates, mixed sex accommodation and adequate observation by staff. Age-appropriate risk assessments were not consistently practiced and some services also used excessive restraint and blanket restrictions. Safe staffing levels were not always achieved due to high vacancy rates.
- **Delayed discharges:** many services reported people remaining in hospital beyond point of need due to pressures on social care and also in delays for home care packages.
- **Multidisciplinary and inter-agency working:** good evidence of widespread multidisciplinary working within services, although more access to NICE-recommended talking therapies is needed. More engagement between physical and mental health services for older people are needed to improve care and discharge planning.

- **Focus on improvement:** best services have good consultant input and links to primary care and local social care services. Leaders were highly visible to staff and patients and encouraged staff-led improvement and innovation. Learning from incidents was not always well supported or delivered due to poor technical investigative abilities.

NHS Providers view:
Older people's mental health services are especially in need of better coordination across primary, physical mental health and social care to ensure care is delivered in the right pace at the right time. Whilst services for older people are increasingly highlighted as part of the wider physical health agenda, we need to see a greater focus on the enduring mental health problems that many older people face and also stronger recognition of the importance of IAPT services and substance misuse services..

Figure 3: Ratings for older people's services



Source: CQC ratings data as at 31 May 2017. Figures on horizontal bars are percentages.

Crisis care

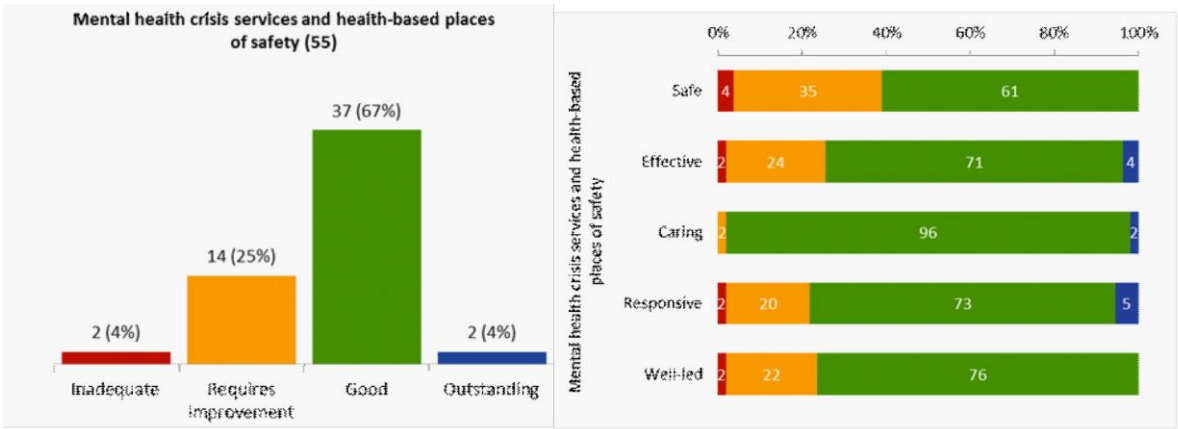
- Encompasses community-based crisis mental health including crisis resolution and home treatment teams and crisis houses, and health based places of safety (HBPoS) for assessment under the Mental Health Act (MHA).
- The CQC recognises that the Crisis Care Concordat has driven improved crisis response including dramatic reduction in use of police cells as HBPoS, including through expansion of street triage schemes.
- Nonetheless, use of s136 of the MHA has risen by 26% in three years, outpacing growth in demand for services. Police cells are still used in places where HBPoS are not sufficiently available; legislative changes to reduce this are likely to place further pressure on NHS HBPoS including on A&E services, underscoring the need for improved mental health training in physical care settings.
- **Gaps in provision of crisis care:** there is not yet full coverage providing access to 24-hour seven days a week crisis care services, which means people still seek out of hours support from A&E where the response they receive is not always appropriate to need. Street triage works most effectively when tailored to needs of the local population and shared information with local police services.

- More focus needed on safety: while environmental risk was mostly well managed and mitigated, the high risk of suicide or self-harm amongst this service cohort is not always addressed by sufficiently high quality, collaborative risk assessments. Staffing levels were generally sufficient, but training was not always up to date and staff not always supervised at levels appropriate to risk.
- Provision of full range of interventions: services need to more consistently link social and psychological interventions and connect with recovery colleges, identifying appropriate support at the assessment stage.
- Best practice: multidisciplinary team working including with inpatient and outpatient services, with police and local substance misuse services; access to short-term admissions for some patient groups; a host-family scheme.

NHS Providers view:
We are pleased that the report identifies the substantial improvements to local crisis care provision that have been driven by improved collaboration and coordinated planning under the mental health Crisis Care Concordat. We are concerned that the ongoing support needed to embed this work is not being sufficiently met by the national bodies, particularly the Department of Health and the Home Office, who took on joins stewardship at the end of 2015. The incoming Police and Crime Act 2017 will reduce the length of detention under s136 the Mental Health Act in police cells for adults and outlaw it for children, which means that joined-up and coordinated resource planning and service provision will be needed to ensure the consequent pressures on health services do not lead to increased out of area placements and delays to care.

The Crisis Care Concordat is also a key driver of better coordinated mental health and substance misuse services, and provision of in-community support to ensure people can be discharged appropriately when they no longer need inpatient care. It is a key driver of improved patient flow in mental health crisis services and need ongoing support.

Figure 4: Ratings for crisis care services



Source: CQC ratings data as at 31 May 2017. Figures on horizontal bars are percentages.

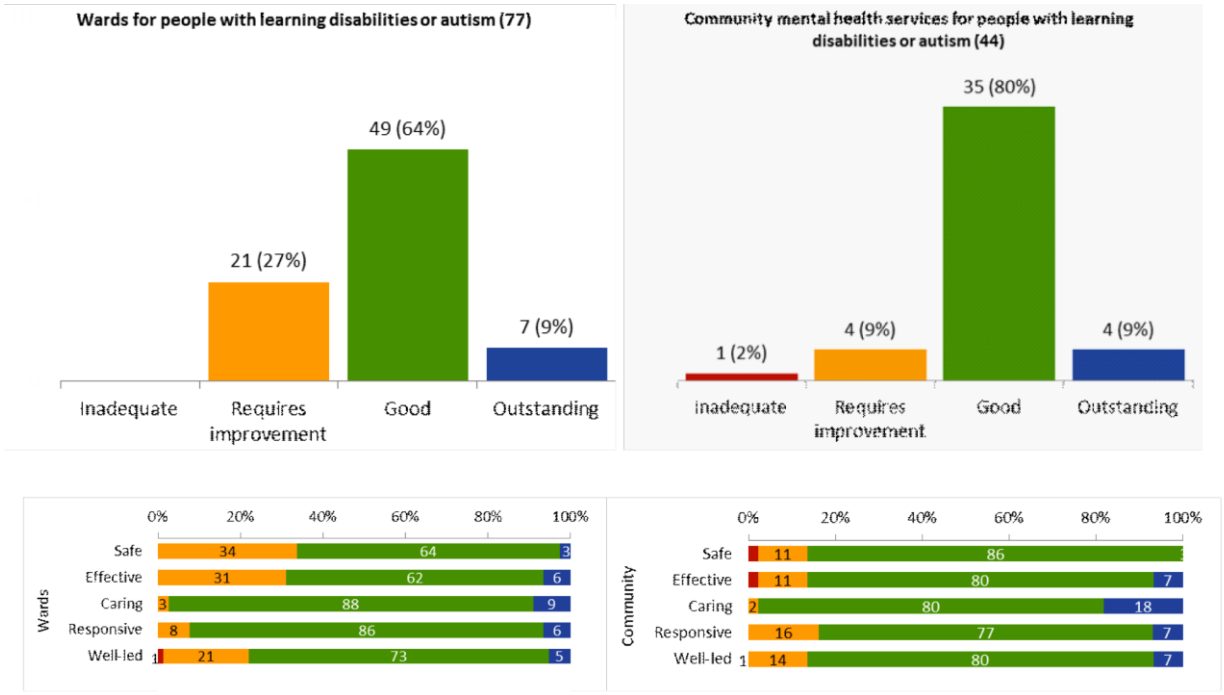
Services for people with a learning disability or autism

- Encompasses ward (37 of 77 are NHS) and community services (42 of 44 are NHS).
- Progress with the transforming Care program to move people fro institutional settings to community-based care has been 'patchy'; while providers are not penalised for matters beyond their control they are expected to be putting the 'building block's of transfer into place, and to ensure that care provided is positive behaviour supporting and discharge oriented.

- **Safety:** remains the biggest concern on wards including excessive use of restrictive interventions and over-medication, and physical environment challenges mirroring those in mental health inpatient settings.
- **Planning and coordination of care:** overall done well, but some services must improve quality and consistency.
- **Access to and discharge from care:** some community based services had long waiting lists and people with long stays in wards sometimes lacked discharge planning in line with Transforming Care protocols.
- **Use of the Mental Capacity Act:** staff training in some services not sufficient, and is being applied incorrectly.
- **Involving and respecting people:** Care is generally excellent, respectful, dignified and compassionate. The best services often involved service users in decisions and supported self-assessment, engaging them in service improvement processes. Some services could offer better MHA advocacy and support contact with an advocate.

NHS Providers view:
We strongly support the principles of the Transforming Care programme, and recognise that ongoing delays to community placement for many service users is due to insufficient community service provision and timely care and treatment reviews. However there remains a small group of service users for whom more intensive, in-patient care is still appropriate and this needs to reflected in the breadth of service models deployed.

Figure 5: Ratings for services for people with a learning disability or autism



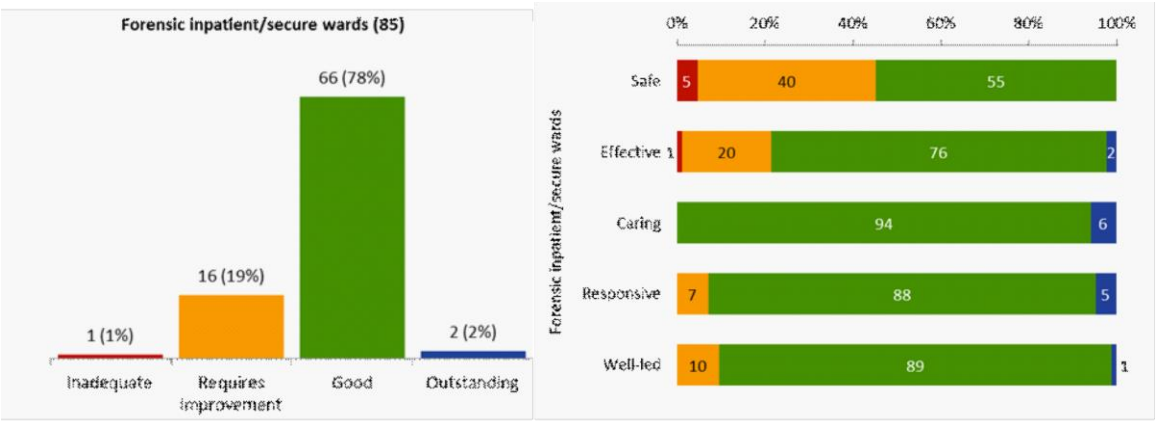
Source: CQC ratings data as at 31 May 2017. Figures on horizontal bars are percentages.

Forensic services

- Encompasses low, medium and high secure services (44 of 85 services are NHS).
- **Safe Staffing:** high vacancies in some services meant high use of bank staff and in some case leaving gaps in staffing that were impacting on delivery of patient care. Staff training levels were not always appropriate to risk.
- **Concerns about the high secure hospitals:** staff shortages were leading to excessive restrictions on patients, elevated risk due to poor supervision, and lack of monitoring of patients in seclusion or segregation.

- Adherence to MHA and MCA legislation: generally good practice, although improvement needed in some specific aspects of implementation including to ensure patients understand their rights, staff understand best practice in seclusion, and ensure sufficient staff training in the legislation and in deprivation of liberty safeguards.
- Restrictive practices: as per adult acute wards, some providers use blanket restrictions or excessive restraint.
- Involving people in their care and focusing on recovery: this has improved over recent years, and many examples of god practice. The best services took a recovery approach to planning, involved patients to decide how to be managed in moments of distress; had buddy systems and ward familiarisation processes; personalised and well integrated care planning; service user input into service improvement.
- Meeting physical health needs: a high proportion of the forensic service population have comorbid health needs and suffer adverse impacts form some medications. The best services ensure primary care, physical activity and good nutrition.

Figure 6: Ratings for forensic services



Source: CQC ratings data as at 31 May 2017. Figures on horizontal bars are percentages.

NHS Providers view:

New models of care in secure services offer the opportunity to address many of the issues identified by the CQC, including better case management and care along pathways and reinvesting in community teams to support movement of patients into community settings with the right social support services to sustain recovery. We consider there are learning opportunities from the good practice identified in forensic services around use of restraint, which could help support better practice in use of restraint and restrictive practices in adult secure settings. Also, the commended practice of strong service user engagement in co-designing care plans and managing distress also offers learning for acute settings, as does the emphasis on improving and coordinating physical health care. By freeing up resources to reinvest in community teams through new models of care this will also give stronger opportunities for emphasis on recovery post-discharge and on step-down care.

Improvement and re-inspection

As at 31 May 2017, the CQC had re-inspected and reconsidered the overall rating of 25 NHS mental health trusts. The report provides an overview of the improvements these trusts have made:

- Initially, 22 of the 25 trusts were rated as inadequate or requires improvement at the overall trust level. Of these, sixteen improved their overall rating at re-inspection: 15 from requires improvement to good, and one from inadequate to requires improvement (see figure 7 below).

- The others remained the same except for one which deteriorated from a rating of requires improvement to inadequate. Only 10 of the 25 trusts were able to improve their overall safety rating.
- Among core services, most improvement was found among forensic inpatient/secure wards, long stay/rehabilitation mental health wards for working age adults and wards for people with a learning disability or autism. In each case, 64% of those re-inspected improved their rating.
- CQC has found least improvement for community mental health services for people with a learning disability or autism – only one out of the 10 re-inspected had improved its rating.
- Providers that improved had actively sought to learn from best practice in the sector and had engaged with the best performing trusts to learn and benchmark improvement.

Figure 7: NHS mental health trusts re-inspected

Code	Trust Name	First rating	Safe	Effective	Caring	Responsive	Well-led	Overall	Last rating	Safe	Effective	Caring	Responsive	Well-led	Overall
RP1	Northamptonshire Healthcare NHS Foundation Trust	26/08/2015							28/03/2017						
RXY	Kent and Medway NHS and Social Care Partnership Trust	30/07/2015							12/04/2017						
RLY	North Staffordshire Combined Healthcare NHS Trust	22/03/2016							21/02/2017						
RXG	South West Yorkshire Partnership NHS Foundation Trust	24/06/2016							13/04/2017						
TAJ	Black Country Partnership NHS Foundation Trust	26/04/2016							17/02/2017						
R1A	Worcestershire Health and Care NHS Trust	18/06/2015							01/08/2016						
RQY	South West London and St George's Mental Health NHS Trust	16/06/2016							02/12/2016						
RW5	Lancashire Care NHS Foundation Trust	04/11/2015							11/01/2017						
TAH	Sheffield Health and Social Care NHS Foundation Trust	09/06/2015							30/03/2017						
RRG	Oxleas NHS Foundation Trust	13/09/2016							02/05/2017						
RTV	North West Boroughs Healthcare NHS Foundation Trust	01/02/2016							15/11/2016						
RWW	Devon Partnership NHS Trust	18/01/2016							15/03/2017						
RXE	Rotherham Doncaster and South Humber NHS Foundation Trust	19/01/2016							12/01/2017						
RT5	Leicestershire Partnership NHS Trust	10/07/2015							08/02/2017						
RGD	Leeds and York Partnership NHS Foundation Trust	16/01/2015							18/11/2016						
RNU	Oxford Health NHS Foundation Trust	15/01/2016							24/08/2016						
RX2	Sussex Partnership NHS Foundation Trust	28/05/2015							23/12/2016						
RYK	Dudley and Walsall Mental Health Partnership NHS Trust	19/05/2016							28/03/2017						
RMY	Norfolk and Suffolk NHS Foundation Trust	03/02/2015							14/10/2016						
RNK	Tavistock and Portman NHS Foundation Trust	27/05/2016							01/02/2017						
TAD	Bradford District Care NHS Foundation Trust	15/09/2014							08/06/2016						
RDY	Dorset Healthcare University NHS Foundation Trust	16/10/2015							07/09/2016						
RX3	Tees, Esk and Wear Valleys NHS Foundation Trust	11/05/2015							11/05/2017						
RKL	West London Mental Health NHS Trust	16/09/2015							09/02/2017						
R1F	Isle of Wight NHS Trust	09/09/2014							12/04/2017						

Source: CQC ratings data as at 31 May 2017

Figure 8: Outcome of NHS re-inspected core services

Core Service	Deteriorated	Same	Improved	Grand Total
Acute wards for adults of working age and psychiatric intensive care units	0 (0%)	12 (50%)	12 (50%)	24
Child and adolescent mental health wards	1 (10%)	3 (30%)	6 (60%)	10
Community mental health services for people with learning disabilities or autism	1 (10%)	8 (80%)	1 (10%)	10
Community-based mental health services for adults of working age	2 (13%)	7 (47%)	6 (40%)	15
Community-based mental health services for older people	2 (13%)	8 (53%)	5 (33%)	15
Forensic inpatient/secure wards	3 (21%)	2 (14%)	9 (64%)	14
Long stay/rehabilitation mental health wards for working age adults	1 (7%)	4 (29%)	9 (64%)	14
Mental health crisis services and health-based places of safety	2 (11%)	11 (61%)	5 (28%)	18
Specialist community mental health services for children and young people	2 (14%)	4 (29%)	8 (57%)	14
Wards for older people with mental health problems	3 (14%)	12 (55%)	7 (32%)	22
Wards for people with learning disabilities or autism	1 (9%)	3 (27%)	7 (64%)	11
Grand Total	**18 (11%)**	**74 (44%)**	**75 (45%)**	**167**

Source: CQC ratings data as at 31 May 2017

NHS PROVIDERS MEDIA STATEMENT

Mental health services under intolerable pressure

Responding to the report by the Care Quality Commission (CQC) "*The State of Care in Mental Health Services*" the director of policy and strategy at NHS Providers, Saffron Cordery, said:

"We welcome this report which sets out the extraordinary challenges trusts face in caring for people with mental health needs.

"In particular it highlights concerns over growing demand, workforce gaps and funding difficulties, citing as evidence the survey findings published in our recent report "*The State of the NHS Provider Sector*".

"It also rightly commends the many examples of excellent care and services. We strongly endorse the praise in this report for caring and compassionate staff.

"However while we are undoubtedly seeing some welcome extra funding and new initiatives, it is clear that core mental health services are coming under intolerable pressure.

"This is having a worrying impact on access and waiting times – which means that people have to be more unwell and wait longer before they receive treatment, so their condition may deteriorate further. This is a particular concern for Child and Adolescent Mental Health Services (CAMHS) where demand and workforce pressures are especially severe.

"Safety is paramount. The CQC has identified a number of issues that must be addressed, including people being detained inappropriately, unsuitable buildings, staff shortages and inadequate training.

"These are fundamental requirements for a decent service.

"We welcome the repeated commitments from the very top of government to address the injustices faced by people with mental health problems, and we hope this report will provide renewed impetus towards improving their experience so they receive the care they need and deserve."

NHS Providers
20 July 2017

APPENDIX 1: OUTSTANDING TRUSTS ACROSS THE CORE SERVICES

Provider	Setting
Children and young people's services	
Central Manchester University Hospitals NHS Foundation Trust	Ward and Community
East London NHS Foundation Trust	Ward and Community
Pennine Care NHS Foundation Trust	Ward
Northamptonshire Healthcare NHS Foundation Trust	Ward
Weston Area Health NHS Trust	Community
Lincolnshire Partnership NHS Foundation Trust	Community
Northumberland, Tyne and Wear NHS Foundation Trust	Community
Derbyshire Healthcare NHS Foundation Trust	Community
Services for working age adults	
Dorset Healthcare University NHS Foundation Trust	Acute wards and PICUs
2gether NHS Foundation Trust, Gloucestershire	Acute wards and PICUs
East London NHS Foundation Trust	Acute wards and PICUs
Cornwall Partnership NHS Foundation Trust	Long stay/rehab wards
Kent and Medway NHS and Social Care Partnership Trust	Long stay/rehab wards
Northumberland, Tyne and Wear NHS Foundation Trust	Long stay/rehab & Community services
Older people's services	
East London NHS Foundation Trust	Wards
Berkshire Healthcare NHS Foundation Trust	Community
Black Country Partnership NHS Foundation Trust	Community
South Staffordshire and Shropshire Healthcare NHS Foundation Trust	Community
Northumberland, Tyne and Wear NHS Foundation Trust	Community
North Staffordshire Combined Healthcare NHS Trust	Community
Crisis services and health-based places of safety	
Rotherham Doncaster and South Humber NHS Foundation Trust	
2gether NHS Foundation Trust, Gloucestershire	

Services for people with a learning disability or autism	
Cheshire and Wirral Partnership NHS Foundation Trust	Wards
South London and Maudsley NHS Foundation Trust	Wards
Northumberland, Tyne and Wear NHS Foundation Trust	Wards
Kent and Medway NHS and Social Care Partnership Trust	Wards
South London and Maudsley NHS Foundation Trust	Community services
Northumberland, Tyne and Wear NHS Foundation Trust	Community services
Solent NHS Trust	Community services
Forensic inpatient / secure wards	
Barnet, Enfield and Haringey Mental Health NHS Trust	

CONTACT INFORMATION

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