Mental Health Bulletin

September 2015

Introduction

Welcome to the second edition of the *Mental Health Bulletin*. In this issue we again look at some of the themes from recent inspections, as well as share some examples of outstanding practice. The bulletin also provides information on our latest 'brief guides'. Designed primarily for use by our inspectors, these guides look at specific issues and set out our position on these matters.

Physical healthcare

To be rated as good or outstanding for the question 'Is the service effective?', a provider must demonstrate that it meets both the mental healthcare **and** the physical healthcare needs of its patients. When we assess the latter, we check that:

- A doctor has carried out a thorough physical examination shortly after a patient has been admitted to a psychiatric ward.
- Care plans for people in hospital or receiving community care include details of physical healthcare needs and how these will be met.
- Clinical teams monitor people's physical health regularly – with particular attention to the physical health problems associated with mental illness and psychotropic medication.
- Providers make sure that patients have good access to specialist healthcare, such as tissue viability or diabetes care, if required.
- Staff enable health promotion (for example by promoting exercise, good diet and smoking cessation).
- Teams share information and communicate well with primary care teams and with specialist healthcare professionals.
- Clinical teams work to national standards for the physical healthcare of people with mental health problems and engage in local and national clinical audits.

Failure to provide or enable good physical healthcare has contributed to CQC rating services as requires improvement or inadequate. For example, we have found:

- Community mental health teams that did not carry out adequate monitoring of people prescribed lithium and antipsychotic drugs.
- Learning disability wards that did not keep adequate records of the appointments that patients attend for their physical health problems, or did not monitor patients' general physical health as outlined in their care plans.
- An old age continuing care ward where continence needs were not being met and where nutrition and fluid intake charts were not being completed when required.

Medicines management

Regulation 12 of the Health and Social Care Act states that providers must ensure the "proper and safe management of medicines". We often include a pharmacist as a member of our inspection teams to specifically look at this issue. We have found that good providers make sure:

- Medicines are stored and transported securely.
- Medicines are only accessible to staff that were authorised.
- Clinical and/or pharmacy staff regularly check that the medications match the stock records and that none have expired.
- Clinical staff carry out an assessment to confirm that it is safe to allow a patient who is in hospital to hold their own medications and that there are secure facilities in the patient's room to store them.

However, some providers are not managing medicines well. In some cases, this has affected their rating and led to us taking enforcement action. For example, we have found:

- Providers storing medicines in cupboards that were not locked.
- Medicines in unlocked trolleys that were left unattended.
- A controlled drugs storage cupboard that did not meet the legal requirements for security and was not secured to the wall.
- Medicines that were out of date – including intravenous drugs to be used in an emergency.
- Wards where inpatients were permitted to hold their own medications without an appropriate risk assessment.

Bed management

Many of the NHS trusts we have inspected are experiencing pressures on their mental health admission beds for adults. Some of the factors causing these pressures are beyond the immediate control of trusts. However, providers can influence the impact that the problem has on patients. Signs of poor bed management are:

- The frequent admission of patients to a ward a long way from their home.
- Staff filling 'leave beds' so that patients who return from leave are placed on a different ward, and sometimes a different type of ward – such as a ward for older people.
- Patients sleeping on temporary beds or sofas.
- Staff arranging transfers and returns late at night or early in the morning.

Bed management practice that results in a patient spending time on several different wards during a single admission episode is bad for them. It disrupts the continuity of care and patients have told us that it harms their wellbeing.

Accurate information is the starting point for good bed management. Good providers have accurate information about bed occupancy levels, demand for admissions and delayed discharges. They know where the pressures are, how demand fluctuates and where blockages occur.

This is an area that we continue to look at during our inspections. As part of this, we are piloting an addition to our provider information request that asks providers:

> **Please describe how you manage beds for people of working age who require treatment on an admission ward or PICU. How do you minimise delays in admissions, and ensure that patients are placed in an appropriate ward close to their home and are not moved between wards other than for reasons to do with clinical need?**

Board assurance and governance

The boards in good providers receive high-quality information about their services. They act on it in a timely fashion. They ensure that:

- They receive information on an appropriate range of topics.
- The data are complete with no significant gaps and are presented clearly.
- Procedures are in place for to assess what impact decisions taken by the board will have on frontline services.

- There are clear improvement priorities which all staff are engaged with.

For example, we rated Tees, Esk and Wear Valleys NHS Foundation Trust as outstanding for the question 'Is the service well-led?' because:

- The trust had a clear vision, mission and quality strategy, which was supported by clear values.
- Staff were aware of the vision and values of the organisation, which were reflected in their work.
- There was a clear governance structure. This ran through all levels of the organisation and was understood by all. Staff routinely used it to help drive up quality, eradicate waste and improve services.

The full report is available at: www.cqc.org.uk/teeseskweartrust.

However, this was not the case for all providers. For example, we have found providers where:

- There were significant gaps or inaccuracies in data that were provided to boards. This included important information such as mandatory training completion levels or audit completion rates.
- There was no clarity on how decisions taken by the board would address the performance issues identified.
- There was no formal strategy for improvement and staff were not engaged with any improvement agenda.
- Boards were unaware of the data quality issues with the information they received.
- Boards were unaware of when their decisions were having any impact on frontline services as the outcomes of their decisions were not being monitored.

The North London Clinic – first overall outstanding rating

In July 2015 the North London Clinic, which provides forensic and mental health rehabilitation inpatient care, became the first mental health service to achieve an overall rating of outstanding under our new inspection approach. A full copy of the report is available at: www.cqc.org.uk/northlondonclinic.

One example of outstanding practice was that the staff involved patients in the design and delivery of the service. They enabled patients to have their say and acted on their suggestions. Each ward had a patient representative and the

hospital director chaired bi-monthly meetings. The staff had established ‘living together’ groups that brought patients together to discuss how to improve their environment and experience of being at the clinic. The patient safety and engagement lead proactively encouraged all staff members to record informal as well as formal complaints, and made weekly visits to each ward to speak to patients about their experiences and to hear their concerns.

The staff at the clinic had established a work experience programme that enabled patients to apply for a range of roles at the clinic. These included as a vehicle maintenance assistant, service user liaison officer and onsite shop manager. Staff helped patients to prepare CVs and develop interview skills, and provided appropriate training before they took up any role.

Latest brief guides

Since our last issue, we have published more brief guides on our website. These include brief guides on: the use of psychoactive medications in learning disability services; staffing levels on mental health wards; seclusion rooms; and positive behaviour support for people with behaviours that challenge. Visit www.cqc.org.uk/content/brief-guides-inspection-teams for more information.