

## Brief guide: recovery orientated practice

### Context

People with mental health problems face stigma and discrimination, as well as often being subject to restriction and with this comes the potential for coercive practice. It is essential that those who work with people with mental health conditions recognise this and work in a way which aims to put the person in control. Recovery can mean different things for different people but ultimately services should support individuals to gain and retain hope and understand individual's strengths. They should work to help people to engage in an active life, retain personal autonomy, social identity, meaning and purpose and achieve a positive sense of self. The NHS Five Year Forward View clearly sets out the need for services to work to improve patient experience and understand them in the context of a wider system.

### Evidence required

At provider level:

- Are there strategies, such as clinical strategies and/or involvement strategies which include recovery orientated practice? Do these define how the provider will seek to offer choice and control.
- Does the provider recognise or use any human rights based models of care and treatment.
- Does the provider run or advocate models of peer support. Are these meaningful and do they offer clear and valued roles, with suitable employment conditions?
- Is there evidence that the provider offers educational models, such as recovery and discovery collages, which help people to self-care and self-manage?
- Check for information systems which identify community assets and link patients in with these.
- Does the provider recognise the importance of employment? Do they actively seek to ensure that people retain employment or gain employment.

At core service level:

- Check that care plans reflect the authentic voice of the patient and include first person statements which are meaningful and individualised. Care plans should contain descriptions of a range of interventions which address the medical, social and psychological needs of people.
- Is there evidence of effective and enabling relationships between patients and staff where patients report a positive experience of the attitudes of staff.
- Is there a culture in the service of optimism, identifying the least restrictive option where appropriate hope and using co-production to improve the service.

---

Brief guides are a learning resource for CQC inspectors. They provide information, references, links to professional guidance, legal requirements or recognised best practice guidance about particular topics in order to assist inspection teams. They do **not** provide guidance to registered persons about complying with any of the regulations made pursuant to s 20 of the Health and Social Care Act 2008 **nor** are they further indicators of assessment pursuant to s 46 of the Health and Social Care Act 2008.

- Check records, such as clerking in records and with the patient that staff are warm and welcoming and that patients are orientated to the ward. Check with patients that they are given information that helps them feel safe and settled.
- Are patients routinely given their rights and information about access to advocacy and legal services?
- Check the activities table and determine if providers are offering a range of activities and that these are tailored to the needs and wishes of individuals. These activities should include activities in the community which support people to gain new skills/networks and support discharge.
- Are staff flexible and understand the importance of least restrictive practice as set out in the Mental Health Act 1983 Code of Practice. Check this in interviews with staff. Are blanket restrictions properly assessed and justified. (see brief guide on blanket restrictions)
- Do staff involve carers and family where possible. (see carers brief guide)
- Is there a multidisciplinary team insitu which works well together to support the person to an effective discharge, which considers social, medical, psychological needs? Check records and minutes of the MDT.
- Do staff use NICE guidance particularly Service User Experience in Adult Mental Health Services. <https://www.nice.org.uk/guidance/qs14>

## Intelligence

Consider the outcome from the community mental health survey. This considers key questions in relation to recovery orientated practice. The scores for these questions for the last three years can be found in the patient survey feature page in MH NHS Insight and the latter is a quality monitoring indicator in the 'Intelligence' section of the dashboard (so will identify if the provider is an outlier), along with other indicators on how well people felt they were involved in their own care.

## Reporting

- Under Effective: Assessment of need and planning of care. Best practice in treatment of care and multi-disciplinary and interagency working.
- Under Caring: Kindness, dignity, respect and support. The involvement of people in the care they receive.
- Under Responsive: The facilities promote recovery, comfort, dignity and confidentiality.
- Under Well-Led: Culture and Engagement

## Link to regulations

- Regulation 9 - Person Centred Care
- Regulation 10 – Dignity and respect
- MHA 1983 Code of Practice.

---

Brief guides are a learning resource for CQC inspectors. They provide information, references, links to professional guidance, legal requirements or recognised best practice guidance about particular topics in order to assist inspection teams. They do **not** provide guidance to registered persons about complying with any of the regulations made pursuant to s 20 of the Health and Social Care Act 2008 **nor** are they further indicators of assessment pursuant to s 46 of the Health and Social Care Act 2008.

Brief guide [BG046]: Recovery Orientated Practice V2, June 2019  
Review date: July 2020