The annual State of Care report, out today (Thursday 13 October) reports excellent examples of good practice in mental health services over the last year, with 16 NHS trusts rated as good as at 31 July 2016 and the first two NHS trusts rated as outstanding in September 2016.

Good and outstanding practice is also found in independent mental health providers, with 103 rated as good and seven rated as outstanding. Good leadership – both at a provider and ward level – is stated as both providing a good service and helping organisations to improve.

However, despite the recognition of good practice, the CQC report states that the ratings ‘overall suggest that care for people with mental health problems needs to be improved’. The report points to high variability within and between providers, and in particular, the CQC has concerns about the safety of acute mental health services.

**Background**

The state of care report provides the most comprehensive view yet of CQC’s inspection findings from its new regulatory approach, which it rolled out two years ago. This involves expert-led inspections, which in most cases then lead to ratings of ‘outstanding’, ‘good’, ‘requires improvement’ and ‘inadequate’ to help people make informed choices about their care.

The data on inspections and ratings in this report is for CQC ratings published as at 31 July 2016. This covers 47 NHS mental health trusts and 161 independent mental health locations.

**Context**

A number of important reports have been published during 2015/16, including *The Five Year Forward View for Mental Health and Winterbourne View – Time for Change* (Sir Stephen Bubb’s final report). The reports highlight that there are still significant inequalities that are putting lives at risk and preventing a large number of people from realising full mental health. They also show that there is more work to be done to improve the care of people with mental health problems, learning disabilities and/or autism.
Key points for mental health providers

The excellent work seen in mental health services is recognised in the report. A large majority of NHS community mental health services for people with a learning disability or autism were rated good (84%) or outstanding (3%). In these services, the CQC reported finding staff were skilled and appropriately trained, patients were involved in planning their care, and there were systems in place to deal with urgent referrals.

However, the CQC report states that the overall ratings suggest that care for people with mental health problems needs to be improved. In particular, the safety of patients in NHS trusts remains an area of concern, with 40 rated as requires improvement and four rated as inadequate for the key question ‘are services safe?’. Less than half (45%) of NHS acute wards for working age adults had a good or outstanding rating.

Areas of concern include:
- the safety of ward environments
- the safety of patients withdrawing from alcohol and opiates
- long-stay patients in mental health wards
- providers continuing to apply to register residential services that are not consistent with the new service model for people with a learning disability

Safety

The CQC reiterate last year’s concerns about the safety of mental health services in this report. All but three NHS trusts were rated inadequate or requires improvement overall for the key question ‘are services safe?’ The CQC does however recognize that due to the size and complexity of NHS mental health trusts and the variability between core services, it is possible that in some hospitals a few poorer performing core services may affect their overall rating.

The NHS Confederation has long argued about elements of a ratings system, particularly the concept of a single rating for a complex provider delivering a significant range of services, which could be misleading to the public.

In the long term, the CQC states that there needs to be greater investment in purpose-built wards that are more suitable for mental health care. However, in the medium term, providers must manage the risks posed by older buildings to improve patient safety. Through our inspections, we have found examples where providers have made changes to the environment, which enabled people to use the services more safely.

Long stay patients

The CQC are particularly concerned that some long-stay units are not focused enough on people’s recovery. The report highlights seeing across a number of providers, largely in the independent sector,
people with severe mental health problems staying in hospitals for months and years at a time. This is reflected in:

- poor discharge planning a lack of motivating and recovery-oriented activity for patients
- patients not being involved in developing their treatment plans, or care that is not
- person-centred or holistic
- poor assessment and/or treatment of physical health problems.

**Staffing**

Problems with staffing also contribute to the poor ratings for trusts in terms of safety. Issues include:

- National figures show a continuing decline in the number of mental health nurses.
- The number of staff reporting that they are working extra hours remains high, at almost three-quarters, in the 2015 NHS staff survey.
- CQC inspectors have also flagged a problem with experienced staff reaching retirement age, and not enough nurses being trained or retrained.

Despite this, feedback from inspectors flagged staffing as an area in which they had found examples of improvements over the last year. Solutions to some of the problems identified included moving staff to where they are most needed and recruiting from abroad.

**Effective**

The complex nature of NHS mental health trust is again highlighted for this section and means that the picture is both different and variable at a core service level.

The effectiveness of services, is assessed on whether people receive care, treatment and support that follows good practice, achieves good outcomes and promotes a good quality of life. 28 per cent of NHS trusts were rated requires improvement for the key question ‘are services effective?’ However 67 percent of core services (293 out of 436) rated as good or outstanding.

Of the 162 independent hospitals inspected and rated, 105 (65%) have been rated as good and outstanding for this key question. Services rated as good or outstanding, often included:

- up-to-date care plans and reviewed regularly
- good access to psychological therapies
- comprehensive multidisciplinary who worked well together to care for and support patients

The CQC still report finding variation in the way that the Mental Health Act 1983 and Code of Practice are being applied. A report follows in November with more details.

**Caring**

Similarly to last year, CQC inspectors found that overall NHS mental health services were treating people with compassion, kindness, dignity and respect.
To date the CQC have rated 96% (416 out of 435) of NHS core services as good or outstanding for the key question ‘are services caring?’

Responsive

Examples of responsive services from inspections included:

- where people were involved in the design and development of the service, for example through service user groups and staff interviews, to identify and meet their preferences, aspirations and unmet needs.
- Trusts offering services to patients from areas where services were not available was another example of a good responsive service.
- Trusts working with other organisations, such as the police

Good practice in developing integrated care was evident where there were proactive and coordinated approaches to planning a patient’s discharge from the point they were admitted.

However, the CQC point to more work to be done as 20 NHS trusts were rated as requires improvement, and 33 independent hospitals rated requires improvement or inadequate.

Other areas of concern:

- long waits from referral to assessment or referral to treatment in community mental health services – especially in child and adolescent mental health services
- long waits for specialist psychological therapies
- delays in making Mental Health Act assessments when people are taken to a health-based place of safety
- failing to plan discharge for people in rehabilitation and learning disability wards Ý failing to respond to concerns and complaints

Well led

The two trusts that rated by the CQC as outstanding overall in September 2016 were characterised by the quality and style of leadership. Both trusts had an open culture in which the senior leadership team valued their frontline staff.

Trusts rated as good or outstanding for well-led, or have shown improvement following an initial less good inspection, were often identified as having senior leadership teams that have engaged actively with the frontline staff.

The report links the quality of leadership with the quality of care offered by a provider and points to the ratings of 78 per cent of trusts and 93 per cent of independent hospitals having the same overall rating as their well led rating.

Ratings by core services

The CQC state that its findings support those of The Five Year Forward View for Mental Health, published in February 2016, particularly in highlighting children and young people as a priority group.
Children and young people’s services shows that:

- 21 out of 36 (58%) NHS Community based services were rated good, one outstanding
- 21 out of 29 (72%) child and adolescent mental health wards rated good
- inspectors found an increase in referrals to community CAMHS and long waiting times
- community services for children and young people were performed worse across the effective, responsive and well-led key questions.

The findings in CAMHS reflect a wider concern that, despite calls for better integration, some community services are becoming less integrated. CQC Inspectors reported that joined-up working between NHS trusts and local authorities was becoming more strained because of financial restrictions with, for example, social workers being ‘pulled back’ and joint working groups being disbanded. In particular, inspectors noted that better integration was essential to improve transition planning from child to adult services.

Learning disability

Following the publication of Transforming care: A national response to Winterbourne View in December 2012, CQC has been an important part of the Transforming Care Delivery Board. The CQC states being committed to ending the institutionalisation and isolation of people with a learning disability, through integrating care into the community. As part of this, the CQC is tightening the regulation and inspection of providers of learning disability services, and are strengthening providers’ corporate accountability.

The CQC report finds that the number of learning disability beds available has fallen steadily over the last few years, bed occupancy rates have remained stable or also slightly fallen, suggesting that a transition to community settings is taking place. The CQC will be continuing their work to support this transition in 2016/17.

The Deprivation of Liberty Safeguards

**Context**

In previous reports on DoLS, the CQC has highlighted the challenges that have been faced since the Supreme Court deprivation of liberty judgement in March 2014, including the unprecedented number of applications for authorisation. This year’s report highlights that these challenges have continued. Data from NHS Digital shows that, in 2015/16, applications received by local authorities rose to the highest levels ever, to 195,840 applications.

The CQC also report that deprivation of liberty applications to the Court of Protection continued to rise, more than doubling from 525 applications in 2014 to 1,499 in 2015. This upward trend continues in 2016.

The situation has continued to place significant pressure on local authorities. CQC inspectors have noted that local authorities have been overwhelmed with applications.

**Key points from inspection**

- Examples of good practice in all sectors, including individual providers who have improved after we have taken enforcement action are noted. Providers who applied the Deprivation of Liberty Safeguards (DoLS) well had a culture of person-centred care, robust policies and documentation
of DoLS procedures, and good leadership in place to provide a focus to staff understanding of DoLS and how to apply it.

- There is variation in the effective application of DoLS both between providers and within individual providers across the different core services that we inspect. This could lead to individuals not receiving care that is in their best interests.
- Not enough providers are applying capacity assessments effectively. Many providers made assumptions that individuals lacked capacity without having carried out or documented assessments. Some providers used the ‘blanket approach’ to capacity assessments, which suggests that their focus may be more on managing organisational risk than delivering person-centred care.
- Lack of staff training remains a problem. Although many staff showed good understanding of the DoLS and wider Mental Capacity Act 2005, there were many other services where training and staff understanding were not good enough.

In examples of mental health trusts that were applying DoLS and the wider MCA effectively, the CQC state that staff were supported by clear policies and procedures in place. For example, in one mental health trust, staff were provided with clear guidelines and a checklist to make sure that capacity assessments were carried out correctly and escalated for specialist advice where necessary.

Review of deprivation of liberty proposals

The existing DoLS scheme has been criticised for its complexity and the sharp questions it raises about sustainability and costs. The Department of Health has asked the Law Commission to carry out a review of how deprivation of liberty for people who lack capacity should be regulated. Final proposals are due to be published in December 2016.

Upcoming reports

- CQC Monitoring the Mental Health Act 1983 annual report November 2016
- CQC Review of how NHS trusts investigate and learn from deaths December 2016

If you have any comments or thoughts on the findings of the State of Care report or on the CQC inspection process more generally please share your thoughts with Claire.mallett@nhsconfed.org
The Mental Health Network

The Mental Health Network is the voice of mental health and learning disability service providers for the NHS in England. We represent providers from across the statutory, independent and voluntary sectors. We work with government, NHS bodies, parliamentarians, opinion formers and the media to promote the views and interests of our members and to influence policy on their behalf. The Network has 68 member organisations, which includes 93 per cent of statutory providers (NHS foundation trusts and trusts) and a number of independent, third sector and not-for-profit organisations. Our membership also includes housing associations to reflect the link between mental wellbeing.