



# MHLD NURSE DIRECTORS AND CQC CO-PRODUCTION EVENT

# Elimination of Dormitories in Mental Health Wards

Karen Bennett-Wilson Head of Hospital Inspection (MH, LD, SMS)

Kathryn Mason, Interim Head of Hospital Inspection (MH, LD, SMS)

Sabina Hafesji, Regulatory Policy Officer (Mental Health)

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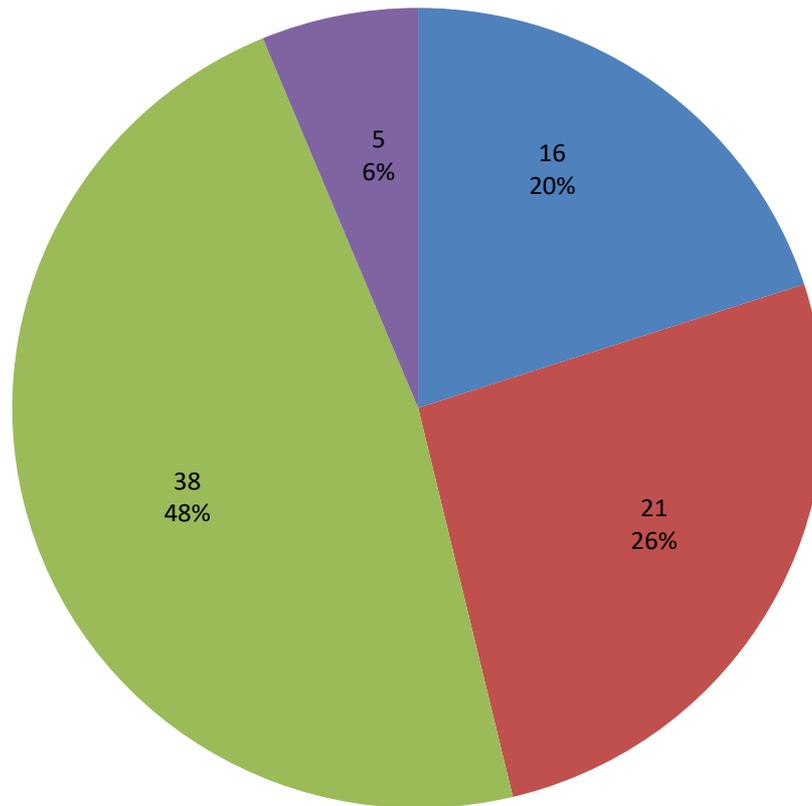
Report identified that a number of wards had dormitory accommodation or some other type of shared sleeping arrangement.

***“In the 21st century, patients, many of whom are detained under the Mental Health Act (1983), should not be expected to share sleeping accommodation with strangers who also have mental health issues. This arrangement does not support people’s privacy or dignity, may cause unnecessary distress and could possibly put patients at risk”.***

- Impact of patients
  - Admission to hospital
  - Dignity and privacy
  - Patient safety

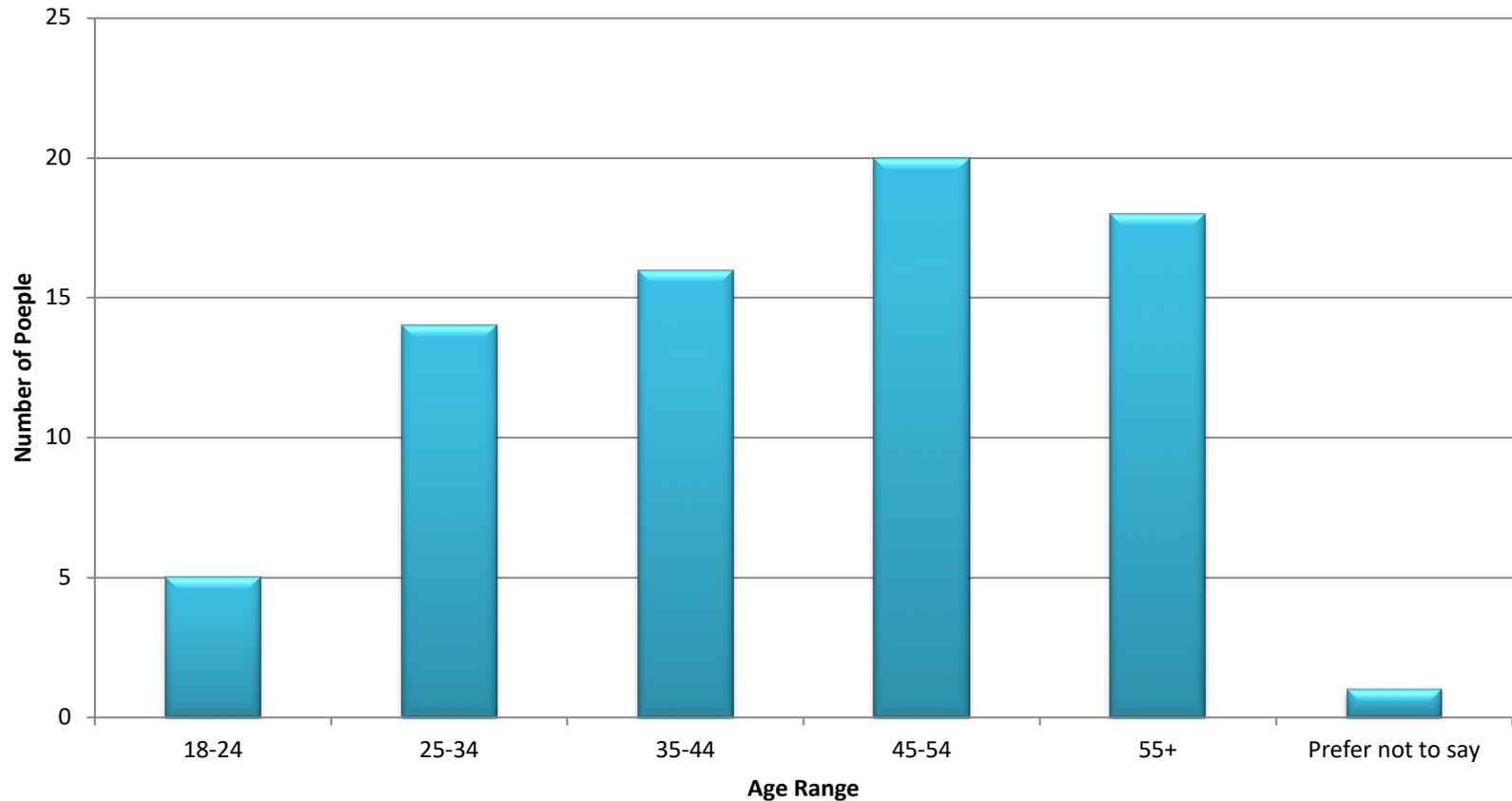
- Scoping exercise
- Review of inspection reports
- Survey: engaged with patients, carers and the public on their experience of care in dormitories on mental health (MH) wards or whether they would like to be cared for in dormitories if they needed admission to a mental health ward.
- Engaged the Service User Representative Panel (SURP) - five individuals.

# Who answered questions in relation to mental health dorms?



- Family of those in MH Dorms
- Those who had been on MH wards
- those who had been in MH dorms
- SURP Members

# Ages of people answering the survey



- Overwhelming negative opinion of mental health dormitories from those who have stayed on either a mental health ward or mental health dormitory
- Negative opinion from family/carers of those who have stayed in dormitories within mental health services.
- None of the people with direct experience of mental health dormitories who answered the survey felt safe or at ease in a dormitory.

## Key concerns identified from service users:

- Disturbed sleep
- Issues with other people (including other patients, staff and visitors)
- Fear for personal safety
- Risk of theft
- Lack of privacy
- Majority of positive comments (very small number) came from those who did not have direct experience as a patient in mental health dormitories

# Impact on recovery (including sleep)



A consistent theme from the survey and our inspection reports is that dormitories can impede recovery.

Patients who felt that their condition deteriorated when they were placed on dormitories. They described this arrangement as not creating a therapeutic environment due to their chaotic nature. People reported being disturbed, and their sleep adversely affected, by noise from other patients and environmental factors including light.

***“My recovery and state of health deteriorated every time I was moved to a dormitory.”***

***“It did not help my recovery. My recovery only started when I was moved to unit where there was individual basic rooms.”***

***“I don't sleep well when I'm mentally unwell and the last thing I would want is not only someone else in my personal space, but also being awake and having to stay quiet when I'm unwell because I'm sharing a room with someone else who's asleep.”***

A key question in our 'safe' domain is, 'are people protected from abuse and avoidable harm? CQC expects mental health services to keep people safe whilst receiving care but patients who shared their experiences did not reflect that they were kept safe

The survey shows patients do not feel safe when they have to sleep in dormitories. All of the patients with direct experience of having to sleep in dormitories in mental health ward said that they did not feel mentally safe in their dormitory and the vast majority said they felt physically unsafe.

***'It was not secure and men from the ward could walk in which made it feel unsafe'***

***"I never felt safe or protected";***

***"...the wards I have been on had no decoration, were dingy and airless and definitely not safe"***

***"I felt very vulnerable and exposed"***

Many said they felt safest in their own rooms,

***“For me, my room was a sanctuary from other people, for peace and quiet - also safe, which the wards didn't always feel”***

***“I felt safest in my room on my own (or with a healthcare worker)”***

It is clear from the survey that being safe is important to patients at a time when they are at their most vulnerable. Having to sleep in a dormitory is not conducive to ensuring the safety of individuals and does not provide a place in which to deliver safe and high quality care.

Link between dormitories and sexual safety.

Patients shared their experience of feeling sexually safe

For example: male patients sexually assaulted by other male patients. Person who assaulted was taken out”.

One patient who completed the survey told us:

***“your dignity has already been stripped from you by the illness, what little remaining dignity you have must be protected”.***

CQC expects that patients admitted to a mental health ward are able to bring their own possessions onto the ward and to be able to keep these possessions safe. This is not the experience of people admitted to dormitories. People told us

***“there was no way of locking away my possessions...” and “my clothes were stolen, even my underwear”***

CQC expects staff to respect the privacy and dignity of people admitted to mental health wards. This includes allowing patients access to quiet, personal space that the person can make their own. Access to this space should be governed by simple rules of social decency – such as staff or visitors knocking before entering a person’s bedroom. People told us:

***“people just came and went, staff, patients and visitors, not in my control at all”***

***“there no privacy at all with regard medical conversations- a curtain does not prevent the carrying of sound”.***

## Initial findings:

- Showing that there is a sizeable environmental issue relating to dormitory accommodation in mental health settings that needs to be considered. This will have significant financial implications for mental health organisations that have these settings.
  
- Once we have identified all of the organisations with dormitories, we will undertake a resource impact assessment by asking these organisations about potential costings.

## 1. Reduction in mental health beds

Providers with limited capacity to flex their estate may need to reduce beds because of eliminating dormitories. This might have a particular impact on some specialist services where there are already not enough beds nationally, for example, CAMHS.

## 2. Financial implications

This project will add to capital pressures and estate rationalisation for providers. We will write to providers to ask them to provide estimate costs or plans they have developed in relation to this. We will work with the CQC economics team to develop a business impact assessment (BITA) to form part of the consultation.

## 3. Support from external bodies & providers

We will share this paper with the executive nurses from NHS England and NHS Improvement to gauge the appetite and commitment that there may be across commissioners and providers to eliminate dormitories

# Questions for discussion



1. Do providers believe that this is an issue and this is the right way forward?
2. In what context and circumstances is it appropriate?
3. What safeguards are in place to mitigate concerns some may have around dorms (risk assessment, etc.)?
4. What are the challenges and how can this be overcome?
5. What support is needed to eliminate dorms?

- More detailed exploration of inspection reports about how many dorms there are and greater exploration of the issues relating to mental health dormitories in NHS and independent health.
- Production of a brief guide setting out the issues in this area.
- Share and discuss paper and agree position with Executive Nurses from NHS England & NHS Improvement.
- Consider who else, taking advice from executive nurses, to involve in discussions about this issue.
- Develop a consultation with providers in order to establish agreement to work towards the elimination of dormitories and to have plans in place to provide single bedroom accommodation by 2021.
- Engagement activity as part of the consultation with providers and commissioners.
- Examine how to improve our assessment of the use of dormitories in order to take a consistent approach to regulation and to encourage improvement.
- The goal is that by 2021 there is a plan in place, agreed across the NHS and independent health sector, to provide single-bedroom accommodation in every mental health facility.

# NEXT STEPS AND KEY MESSAGES