

# *Out of sight, who cares?* – an update from our progress report

**Debbie Ivanova**

Director for people with a learning disability and autistic people

*Reducing and improving the use of restrictive interventions and practice: Managing acute disturbance, violence and aggression, 11 October 2022*



# Our role and purpose

The Care Quality Commission is the independent regulator of health and adult social care in England.

We make sure health and social care services provide people with safe, effective, compassionate, high-quality care and we encourage care services to improve



# What brought us here?

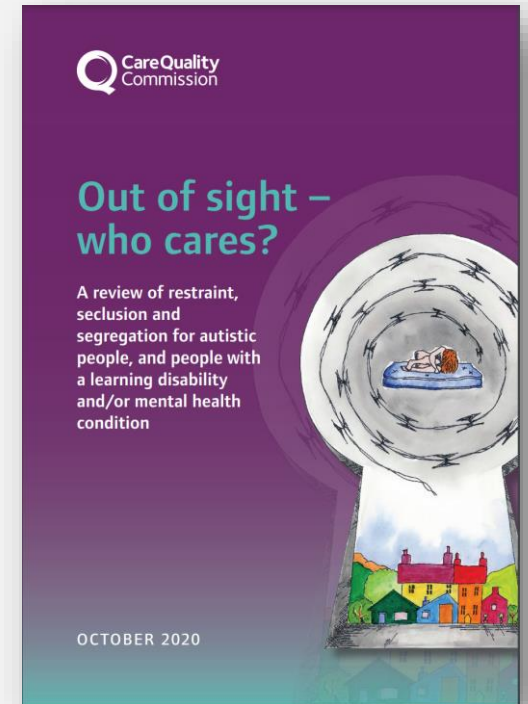
We've seen too many times over the past few years that people with a learning disability and autistic people aren't getting access to the right care.

[Prof. Glynis Murphy report](#) - Independent reports after Whorlton hall

[Closed Cultures](#) - These reports led to our closed cultures work

[Out of sight who cares? review](#) – focused on the use of restrictive practices such as: restraint, seclusion and segregation

In November 2018, The Secretary of State for Health and Social Care asked CQC to look at the use of restrictive practices for people with a learning disability and/or autism and people with a mental health problem



# What did we find?

- People in services were often **subject to restrictive practices** because they **failed to get the right community care early on**
- We found that mental health hospitals are **not always therapeutic environments** and some used blanket restrictions
- Restrictive practice is a human rights issue and should be viewed as such. We found too many examples of undignified and **inhumane care**, in hospital and care settings
- We found that people got **better care in the community** than in hospital

# *Out of sight, who cares? – an update*

In March we published an update to the report. Progress on meeting the recommendations has been limited with just four of the 17 being partially met and 13 not met.

## **We found that:**

- There are still too many people in hospital
- Once in hospital they often stay too long
- In hospital they do not always experience therapeutic care and are still subject to too many restrictive interventions.



“There is still much to be done to ensure that people with mental ill health, those with a learning disability and autistic people, get the right support at the right time”

# *Out of sight, who cares? – an update*

## **Not met**

Recommendation 11 – people who experience restrictive interventions have these reported to CQC

Recommendation 13 – people who are segregated in hospital experience good quality regular independent reviews

Recommendation 15 – all people in segregation in hospital are recognised through updating the definition of long-term segregation

Recommendation 16 – people see a reduction in the use of restrictive interventions

Recommendation 17 – people in children's and adult social care services experiencing restrictive interventions would have these reported to regulators

Recommendation 12 – people who experience restrictive interventions have regular oversight by commissioners - **Partly met**



# Alexis Quinn

DETAINED FOR DIFFERENCE



# Systems are overwhelmed and so are people

Have you considered how loud your environment is?

What are you doing in your service?

Are you providing regular training?

What have you done to make sure your checks are effective?

Are you talking to other organisations to see how they are supporting people?

Who is to blame; the systems or the people?



# Systems are overwhelmed and so are people

We found that seeing things from a **human rights perspective can help reduce the use of restraint significantly**

People must be given accessible information about their rights

**Human rights must be embedded in the commissioning and delivery of care**

Those questions again....

- What have you done to make sure your checks are effective?
- How do you check people's values on recruitment?
- Are you providing regular training?
- Have you considered just how loud your environment is?
- Are you listening to people and staff?
- Are you talking to other organisations to see how they are supporting people?
- What have you put in place to support people to have a calmer experience?
- What are you doing in your service?
- Where is the outrage that Panorama is *still* finding poor care?
- Who is to blame; the systems or the people?

# Safeguarding and restrictive practice

- How well do you recognise the use of restraint, seclusion and segregation?
- Are you reducing the use of restrictive practices?
- How are peoples voices being really heard?
- What is behind the distress?
- How are people's rights being protected?



# Safeguarding and closed cultures

How do you make sure you recognise each person's humanity every day?

- What do you **see**?
- What do you **hear**?
- What do you **read**?
- How do you **respond**?

*You*

# Recognise, respect, respond

Everyone should recognise, respect and respond in order to deliver good care and treatment for people with a learning disability and autistic people.

**Recognise** – each person's individuality

**Respect** – the humanity and rights of each individual

**Respond** – to their needs and aspirations

*What are CQC doing differently to do this?*



# What we want to achieve – Registration

Making sure we only register the right services. **I use services that support me in the way I want to live and where I want to live.**

- *Right Support, Right care, Right culture* is....
  - ✓ properly understood by planners and commissioners
  - ✓ Clear in Statement of Purpose and inspection reports
  - ✓ Talked about **before** a service is set up
  - ✓ Used across all our regulation
- Supported living ....
  - ✓ Is no longer a loophole
  - ✓ Improvement coalition set up





# Getting registration right

- We need to ensure we can identify and prevent problems before they occur
- We're adding new conditions to registration to strengthen our ability to assess proposed services for people with a learning disability and autistic people against Right Support, Right Care, Right Culture
- This will happen before providers can deliver specialist care, support or treatment to people with a learning disability or autistic people





# Getting under the culture on inspections

- **Inspections** focus on the experiences of people living in the service
- Inspection teams of the right people
- Observation at the heart of the process
- Reviewing restrictive practices used
- The introduction of the new **Quality of Life Tool**
- Communication tools – **Talking mats** pilot
- Our reports will reflect what life is like for people in that service



# Taking the right action

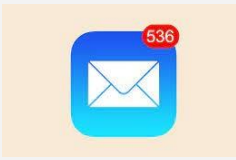
Making sure we support services to improve and take the right action where they don't

**I will not be asked to move to a service that isn't safe**



**I won't be expected to continue to live in a service that doesn't meet my needs**

- Strengthened action has been effective
- Better quality care. Only truly 'good' services getting a good rating
- People's experiences better influence our ratings and monitoring decisions
- People are found the right place to live, not an available bed
- People go into hospitals only when that is the right place
- Effective hospitals will get people well and back into the community promptly



## Provider Bulletin

<https://www.cqc.org.uk/news/newsletters-alerts/email-newsletters-cqc> or Search: CQC bulletin



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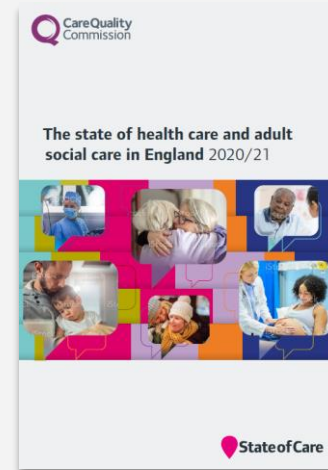
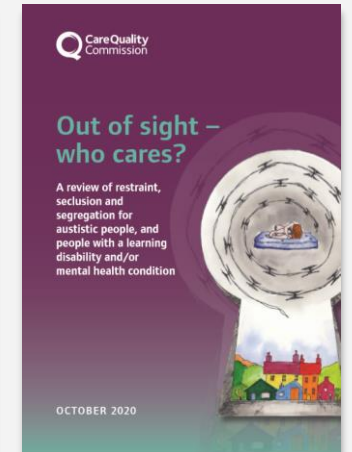
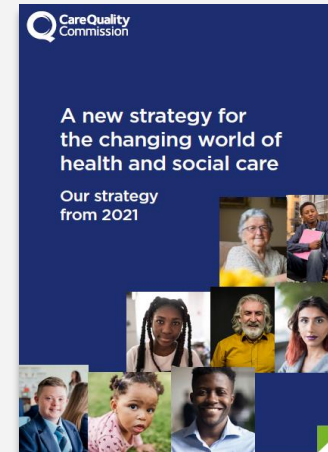


## Blogs

<https://medium.com/@CareQualityComm>  
or Search: Medium CQC

## Publications

<https://www.cqc.org.uk/publications>



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