

# Ward environments

This is the 2021/22 edition of  
**Monitoring the Mental Health Act**

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## Key points:

- We have ongoing concerns around the physical environment and condition of wards, and the impact of these on patients and staff. Many inpatient environments are in urgent need of update and repair, but are facing additional waits due to the backlogs in repairs created by the COVID-19 pandemic.
- Despite improvements, many wards still have inadequate WiFi access and coverage, limiting people's ability to contact friends, family and advocates.
- Where wards have been refurbished, we have seen the positive effects this had for patients and staff, with better physical environments improving patient experience and staff morale.

- However, the current arrangement of many wards continues to create challenges for patients including a lack of space for patients to eat together and lack of lockable spaces for people to keep their belongings in, which can have an impact on patient wellbeing. In addition, older wards can lack space and ventilation and be unsuitable for people with physical disabilities.
- We continue to have concerns around the use of dormitories and urge that they are completely removed from inpatient mental health wards.
- Environmental problems such as noise, echoes and harsh lighting limit the therapeutic experience of all patients in some wards. Inpatient wards can be particularly distressing environments for autistic people and create challenges for people who have accessibility needs, such as hearing aids.

The physical environment and condition of mental health inpatient wards is still not good enough, with many wards in need of urgent update and repair. Issues that we have seen include broken windows, holes in walls, dirty wards, and fixtures and fittings in need of repair. In many cases, the condition of wards has been made worse by the additional wear and tear created during lockdowns.

Many inpatient wards are in old and outdated buildings that lack the space and ventilation of newer buildings. This can lead to issues around privacy and dignity for patients, as well as compromise the safety of patients and staff. In addition, outdoor spaces for such wards can be barren, visually impoverished environments dominated by security fencing. Not only can these environments be less pleasant to stay in, but they can affect patient and staff morale and have a detrimental impact on patient recovery.

“This is a good ward; people get better here. The thing I would like to change the most is the building; it’s really industrial and the painted brick walls are like a prison.”

**Children and young people’s mental health unit**, September 2021

Patients had concerns about the environment on the wards. They told us that repairs to the ward often take a long time and gave us an example of a toilet seat being missing for a month before it was replaced. The toilets often run out of toilet paper and often smell.

The women’s ward in particular had a plain and institutional feel with bare walls and lack of furnishings. This ward environment appeared dirty and there were a number of fixtures and fittings that were in need of repair.

**Male and female rehabilitation wards**, November 2021

In its response to the autumn 2021 government spending review, the Royal College of Psychiatrists stated that the mental health estate is some of the oldest and least suitable in the whole NHS. It reported that in 2019/20 there was a backlog of £31 million worth of repairs posing a high risk of catastrophic failure, major disruption to clinical services, or deficiencies in safety liable to cause serious injury and/or prosecution.

Funding issues and backlogs due to the COVID-19 pandemic, mean that patients continue to be cared for in environments that are not suitable for their needs. We have also heard that bed pressures are creating delays as maintenance staff cannot access wards or patients’ rooms.

In some cases, we found that wards had made temporary repairs. Not only could these be unsightly but they could be a visual reminder of past incidents on the wards and lead to patients feeling unsafe.

There were broken windows on both wards. Ward staff were told that they were not a priority for repair as they had been made safe by screwing a perspex panel over the top of the window. However, we were concerned about the psychological and emotional effects on patients of seeing evidence of previous aggression and violence on the ward.

**Low secure wards for women**, August 2021.

In our last 2 annual reports, we have also raised concerns about inadequate WiFi access for patients. Lack of WiFi can limit patients' contact with family and friends, and cause issues with online meetings. We are now seeing examples of wards that have addressed WiFi issues, although many still have inadequate coverage.

Refurbishing services can have a hugely positive effect on patients and staff.

Improvements we have seen include entirely new buildings for the new [Broadmoor Hospital](#) in West London (opened October 2019) and [St Ann's Hospital](#), Haringey (opened August 2020).

We visited St Ann's Hospital shortly after it opened. Patients and relatives told us that the new building is "such an improvement", "amazing", "superb" and "like a 5-star hotel". We were impressed with the new environment and by innovations such as touch-screen walls in the seclusion rooms. We saw the effect this had on patients and staff. Patients comments such as "the staff are helpful and friendly"; "the service is excellent"; and "staff are very kind", with the provider reporting a 60% reduction in violent incidents since the move to the new building.

We have also seen similar improvements in staff and patient relationships in other services that have refurbished existing buildings.

Patients with whom we spoke were positive about the ward and its staff. They said that they felt supported and that the staff were helpful. They said the ward was kept clean and that the refurbishment of the ward was making a difference. Since our last visit, the bedroom doors had been replaced and the ward had been repainted. As a result, the quality of the environment had improved. There had been extensive upgrading of the Wi-Fi connectivity on the unit. There were new fish-eye mirrors installed in some ward blind spots. A new drinks station had been installed and there were new sofas and chairs.

**Acute ward for women**, February 2022

However, services must ensure that buildings are adapted to patient needs when carrying out refurbishment. In some services we visited, while the reception areas of wards were fully accessible, the wards behind them did not cater for people with physical disabilities or impairments.

“Issues around physical disability is interesting because I think a lot of the wards that I have visited, they’re just not fit for purpose. So, if you have a physical disability, whether you’re a wheelchair user or you’re just using a walking aid, in some cases are just not fit for purpose... and people who have like a visual or hearing impairment, it just seems to be overlooked sometimes. It’s not even recognised as something that’s an issue”

**MHA reviewer**

The current arrangement of many wards continues to create other challenges for patients, for example a lack of space for patients to eat together. On a visit to a low-secure rehabilitation unit in November 2021, we noted that there were only 6 chairs in the dining area for a ward with 11 beds. Although patients rarely chose to eat together or at the same time, they had raised in community meetings that this stopped them from eating together on special occasions, such as Christmas. Following our visit we were assured that more chairs would be in place to allow Christmas lunch together.

In some cases we have seen examples where the number of beds on a ward has been increased, but the service has not been able to accommodate everyone in the lounge or dining areas. This should be a warning sign that the ward configuration needs to be reviewed.

We also continue to see examples where patients are not given a lockable space to keep their belongings in. A particular problem encountered over the last year has been the use of rooms as additional bedrooms that have not been designed or fitted for that purpose. If it is not practicable to provide a lockable space in these types of rooms, staff need to consider alternative ways patients' belongings can be kept securely.

The ward is an acute admission ward for men and has 14 bedrooms with another 2 rooms available for what were described as surge beds. One patient told us that he was in one of the surge beds which was an adapted therapy room and therefore did not have the fittings in the other bedrooms, including a lockable space to keep things. He indicated as a result of this some of his property had been stolen.

**Acute unit for men**, August 2021

We do see some improvement in progress. For example, in June 2021, we raised concerns about patient safety at a large mixed sex acute admission ward. This included concerns about the 'old and dated' environment, delays in repair works, and a lack of space for all patients to eat in the dining room at the same time. In response the trust told us that there was a capital funding programme in place for refurbishment. The programme included plans for the removal of ligature risks, moving on to a programme of work for reconfiguration.

## Poor sensory environments

The very nature of hospital wards, including the lighting, noise levels and general environment, can be non-therapeutic. For example, on a visit to an acute ward for women in August 2021, patients told us about the negative effects that the bright lights and noise of the wards was having on them. When we told the service, they fitted dimmer-switches in bedrooms and corridors, repainted the wards and closed corridor doors at night.

Some patients had concerns about the environment. They told us it was too bright, and that noise carried too much and it interfered with their sleep. Three patients told us they had moved bedrooms due to this. Patients commented about banging doors. We found that lighting was bright and as the walls were white this increased this. We found that noise travelled from the central hub and that some doors were not fitted well leaving a gap. This meant when we spoke with patients in the quiet lounge, we could hear what was happening in the central hub area when the door was closed. The central hub area was about 3 rooms away. The IMHA [Independent Mental Health Advocate] told us that patients raised the issue of noise at night with them.

**Acute ward for women, August 2021**

These environments can present a particular sensory challenge for autistic people and cause them distress.

Two patients, all carers and the IMHA we spoke with raised concern about the noise levels within the ward. We noticed the noise levels were very high at times, even though nothing out of the ordinary was happening. This included banging doors, staff talking to each other and the television noise. We saw some patients' body language showed they were distressed by this. We found a lot of patients were autistic people and staff knew noise impacted on them. Staff and some carers told us that patients used seclusion to escape the noise of the ward.

**Assessment and treatment unit for women patients with a learning disability, March 2022**

Noise levels can also be a barrier to patients with hearing difficulties. On an eating disorder unit in May 2021, we met a patient who told us she did not wear her hearing aids because the environment was too noisy. Staff needed management support to access a portable hearing aid loop available to the ward, which reduces background noise in loud environments.

We also continue to have concerns around the use of dormitories. As highlighted in last year's report, dormitory wards, which are often a consequence of aging infrastructure, can be very noisy and nontherapeutic environments. As well as concerns over noise, some patients have raised concerns about their safety and privacy when staying in dormitory wards.



Staff raised concerns regarding the dormitories. On the day of the visit, we were made aware of an incident in one of the female dormitories where there was an argument between two patients which resulted in a patient hitting a member of staff. Staff said this argument was due to one female patient believing the whole dormitory was her “bedroom”.

**Admission ward for older adults**, February 2022

As stated previously, we do not think that dormitory accommodation should be acceptable in any mental health inpatient unit. In our last report we reported that the government has committed over £400 million to make progress on replacing dormitories. We urge the government to continue to make funding available until all dormitory accommodation has been replaced.

Where services are waiting to have dormitories replaced, we continue to check that:

- beds are separated from one another and staff ensure the maximum privacy possible
- patients using these rooms have access to a lockable, personal storage facility
- patients are offered a choice of accommodation
- services ensure that patient flow and ward teams assess and consider each patient based on their diagnosis, clinical presentation and any other risks to determine whether admission to a dormitory would be acceptable or not to that patient and for the needs of the other patients on the ward.