

Brief guide: substance misuse services – ligature risks¹

Context

Between 2011 and 2013, 249 people using drug misuse services and 268 using alcohol misuse services committed suicide in the UK.² In particular, providers must be aware of the ligature risks in their premises as hanging was the most common suicide method in the UK in 2014, accounting for 55% of male suicides and 42% of female suicides.³

Evidence required

CQC inspectors will look at the following evidence to check ligature risks are well managed:

- admissions criteria
- health and safety policy (or another policy which covers ligature risks)
- comprehensive assessments on admission/referral, including pre-admission assessment and screening to ensure clients' needs can be met⁴
- risk assessments and management plans for individual clients
- risk assessments and management plans for the premises
- review meetings and triggers for reviews
- contingency/ escalation planning showing how increased risks would be managed
- incident/ accident records and associated learning; track record on safety
- risk register and/or board and/or senior management meeting minutes.

Inpatient services (NHS Trusts and independent sector)

Inpatient services for substance misuse services accept clients with the most complex needs. These often include mental health problems and/or a higher risk of suicide. Therefore, in inpatient services, we would expect a provider to:

- fully assess individual client risks (history, triggers etc) and have an appropriate risk management plan in place if required
- have undertaken a risk assessment of their premises to identify potential ligature anchor points
- have a risk management plan in place for the premises to reduce the number of potential ligature anchor points and monitor those that remain
- ensure that staff are aware of ligature anchor points within the premises and any outdoor areas and to know the risks they pose
- make sure staff know how to respond to any ligature incidents
- arrange for staff to have easy access to ligature cutters.

Staff must undertake a comprehensive assessment on admission that considers risk of suicide

¹ For services that also offer treatment for mental health needs, this guidance should be read in conjunction with the existing [brief guide on ligature risks](#)

² The National Confidential Inquiry into Suicide and Homicide by People with Mental Illness Annual Report 2015: England, Northern Ireland, Scotland and Wales July 2015. University of Manchester

³ Office of National Statistics, Statistical bulletin - Suicides in the United Kingdom: 2014 registrations

⁴ CQC acknowledges that clients using substance misuse services may not wish to disclose information to staff members. In such cases we would expect to find evidence that staff have informed clients of the risk of inappropriate treatment and care that may result from non-disclosure. We would also look to see if the client had been offered more than one opportunity to provide information and if any barriers to communication had been addressed.

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.

and take appropriate action to mitigate any identified risk. This may include observations and/or allocation to a room modified to reduce ligature risk. Any risks, including that of suicide, must be kept under regular review and appropriate action must be taken if the level of risk changes.

We recognise that some small standalone inpatient substance misuse services may not be able to meet this full specification. Such services must ensure that they undertake screening before admission to check that they can meet people's identified needs. This may mean talking to referrers to make sure the person is supported to access a service that is able to manage a suicide risk. There must also be regular review of clients who are admitted, particularly when staff observe any change in needs or risks, and demonstrable evidence of contingency or escalation planning so the service can keep clients safe if there is a sudden deterioration in their mental health.

Residential services

Residential services must take a proportionate response to ligature risks that is informed by a comprehensive assessment of each client's needs and risks on admission and regular review, particularly when staff observe any changes. All residential services should also be able to demonstrate evidence of contingency or escalation planning so the service can keep clients safe if there is a sudden deterioration in their mental health, perhaps while they wait for a transfer to a more appropriate service.

If a provider does not accept clients at risk of suicide they must be able to show how they screen those at risk out. If they knowingly admit clients who are at risk of suicide, we would expect them to take the same precautions as an inpatient service.

Community services

In community services we would also expect a proportionate response to ligature risks based on comprehensive assessment of clients' needs and appropriate risk assessment. If a risk of suicide is identified at any point during the client's contact with the service, prompt appropriate action must be taken; this may include referral to a mental health crisis team or to inpatient substance misuse services.

Reporting

In the **assessing and managing risk to clients and staff** section of **safe**, refer to how risk of suicide or harm is assessed and managed. Other sections of **safe** may also be applicable if there have been any ligature incidents.

Policy position

In 2012, the government called on mental health services to make 'regular assessments of ward areas to identify and remove potential risks i.e. ligatures and ligature points'.⁵ There is no specific guidance about the management of ligature risks in other facilities. However, any services that may treat or care for people with mental disorders should be aware of the risks in relation to each of their clients and have suitable management plans in place in order to demonstrate they meet the regulations listed below.

Links to regulations

Regulation 12 (safe care and treatment) requires care and treatment to be provided in a safe way and includes assessing risks and doing all that is reasonably practicable to mitigate them. It also requires providers to ensure premises are safe for use and used in a safe way.

Regulation 17 (good governance) would apply if the provider has failed to operate systems and processes to assess, monitor and mitigate risks to the health, safety and welfare of service users.

⁵ Department of Health, *Preventing suicide in England: A cross-government outcomes strategy to save lives*, 2012