

Accreditation for Inpatient Mental Health Services – Learning Disabilities (AIMS - LD)

Recent, high profile press coverage of poor quality care has dented public confidence in the quality of learning disability in-patient care. The Learning Disability Faculty of the Royal College of Psychiatrists has discussed at length what the College can do both to improve the quality of care and to demonstrate that care practices in these wards are generally sound. As a result, it has asked the College Centre for Quality Improvement (CCQI) to develop a new accreditation programme for people with learning disabilities and mental health needs. The CCQI manages a range of quality improvement programmes in other areas of mental health care, each tailored to meet the needs of the specialty. As well as identifying and acknowledging services that have high standards, the CCQI initiative support and enable services to achieve higher standards of organisation and patient care. The aim of participation is to drive up quality of care.

The standards and audit methods that underpin the new accreditation programme have been piloted and the first wave of wards began their first cycle of accreditation in July 2009.

Key Principles

These replicate those that underpin the other quality networks managed by the CCQI, namely:

- **local ownership and trust:** the process is led by front-line staff and incorporates true peer-review. It also engages senior service managers, patients and carers.
- **credibility:** the standards on which the QI work is based is explicit and the process of applying them is transparent. We sought recognition and engagement from the professional bodies of those working in learning disability services, national organisations representing the service user perspective, the Healthcare Commission, NIMHE, NICE and the National Patient Safety Agency.
- **responsiveness:** feedback to participating wards is prompt and includes advice, support and interventions to help services meet standards. Networking is encouraged through newsletters and an e-mail discussion group.
- **a focus on development:** although the process of review is rigorous, and the feedback honest, the purpose of the process is to support and help wards to improve in line with the standards.

The College website contains further information about the other networks managed by the CCQI (<http://www.rcpsych.ac.uk/ccqi>).

The service standards

The standards are based on evidence, expert consensus and policy. They follow a patient pathway through care and will describe interfaces with other services. Whenever appropriate, standards are written from the service user perspective, with an emphasis on a purposeful admission. The standards cover:

- the physical environment and ward facilities;
- staffing, including leadership and training;
- access, admission and discharge;
- care and treatment processes;
- factors that relate to security and to resident and staff safety;
- "the service user/resident day" and access to therapies;
- links with other elements of service, including community services;
- service user rights and safeguards, including the use of the Mental Health Act.

Standards describe organisational processes rather than patient activity or clinical outcomes.

As with other CCQI networks, the process of developing the standards was be highly inclusive. An expert Steering Group proposed a core set of values to guide the standards. The first draft set of standards were drawn from authoritative sources to ensure that services are evaluated against accepted best practice. These include: the Department of Health policy guidance, e.g. Valuing People; the findings of inquiry reports; recommendations by NHS Estates and the Royal College of Psychiatrists about design; NICE guidance; the National Patient Safety Agency; the Healthcare Commission; the Welsh and Scottish Governments and, particularly for long-stay services, a wider evidence-base that considers quality of life. The draft standards were then refined by a process of consultation that took full account of the views of front-line staff, patients, carers, other interested groups such as national charities, and professional bodies.

The complete set of standards is aspirational; no service could be expected to meet every one. The process of selecting and categorising standards recognises that wards are diverse and that the provision of high quality care does not necessarily require a new purpose-built ward. To support their use in the accreditation process, each standard is categorised as follows:

- Type 1:** failure to meet these standards would result in a significant threat to the safety, rights or dignity of service users and/or would breach the law;
- Type 2:** standards that an accredited ward would be expected to meet;
- Type 3:** standards that an excellent ward should meet or standards that are not the direct responsibility of the ward.

The service standards will be subject to annual review in the light of new policy and practice developments and feedback from the reviews. The Steering Group will lead this task.

The accreditation process

From time of registration as a member of the programme to a decision being made about a ward's accreditation category is expected to be between six to nine months. There are three main phases: self-review; a peer-review visit, and; the decision about accreditation category and feedback.

Phase 1: self-review

This provides an opportunity for your multi-disciplinary team to review local procedures and practices against the standards and, if necessary, to make the changes required to achieve accreditation.

At the beginning of the self-review period, participating wards will be sent a copy of the standards and the self-review data collection tools. The self-review will have a number of components, and including the following: a staff questionnaire; a service user feedback tool; a review of case notes; an audit of the environment. Wards are told how long they have to complete the self-review, though this will be not less than three months.

A summary of the results from the self-review will inform discussion at the visit by the peer-review team.

Phase 2: peer-review visit by an external team

The purpose of the visit is to validate the self-review findings and to provide an opportunity for discussion, sharing ideas, and for the visiting team to offer advice and support. The peer-review visit will take place 4-8 weeks after the self-review data has been returned. The team is likely to have four members and will be made up of staff, service users, and led by a lead reviewer.

Phase 3: accreditation decision

Data from the self- and peer-review will be compiled into a summary report which will be verified by the lead reviewer before being submitted to the 'Accreditation Advisory Committee' (AAC) which will consider the report and will make a recommendation about the accreditation status of the ward. The AAC will include representatives from the Royal College of Nursing, the Royal College of Psychiatrists and BILD. This recommendation will be ratified by the Royal College of Psychiatrists' Education, Training and Standards committee. There are four categories of accreditation status:

- Accredited with excellence
- Accredited
- Accreditation deferred
- Not accredited

The accreditation cycle will run over three years. To ensure that accredited wards are continuing to meet standards, they will be asked to undertake interim reviews.

Information sharing

The CCQI, as the hub of the network, facilitates the dissemination of information to, and the sharing of information between, members. Programme members have access to an electronic mail discussion group.

Specific activities and products to promote information sharing will to include:

- an annual report which will include aggregated data from the previous years' reviews;
- an annual network conference addressing themes arising from the reviews;
- a network newsletter;
- the updated service standards.

Other benefits of the joining the accreditation programme

The programme is consistent with the quality agenda in the wider NHS and membership will support a range of other functions. "By-products" might include the use of data and information derived from the process for:

- service planning;
- quality monitoring in relation to commissioning;
- demonstration to the Healthcare Commission of adherence to NHS Standards for Better Health in England, and to the Scottish and Welsh Governments of adherence to best practice;
- the development of standards to support better commissioning of services;

AIMS-LD Central Project Team contact details

Graham Hinchcliffe
Deputy Programme Manager
ghinchcliffe@cru.rcpsych.ac.uk
0207 977 6643

Deborah Agulnik
Project Worker
dagulnik@cru.rcpsych.ac.uk
0207 977 6645

AIMS - LD Central Project Team
The Royal College of Psychiatrists' Centre for Quality Improvement
4th Floor, Standon House, 21 Mansell Street
London E1 8AA