



Standards for Inpatient Mental Health Services

Third edition, 2019

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Foreword



I am pleased to introduce the Royal College of Psychiatrists' third edition of core standards for inpatient mental health services. These standards, which have been closely aligned to the patient experience, are designed to be used across all mental health services to improve the quality of care provided. The standards cover important areas such as: providing timely evidence-based care and treatment, supporting and involving patients and carers and treating them with dignity, looking after staff, evaluating and improving services.

Setting core standards for mental health services allows healthcare professionals, patients and carers to have a shared understanding of what a good quality service looks like and promotes a reduction in unnecessary variation in how services are delivered, and the quality of the care offered.

These standards will be used across all College Centre for Quality Improvement (CCQI) quality networks and accreditation programmes. The College's first quality network was established in 2001 and there are now over 20 networks using a similar methodology with a wide range of mental health services. Over 1500 services around the UK participate in these programmes. This new edition of the core standards will ensure that the CCQI's work continues to make a significant contribution to improving the quality of mental health services as the networks reach their 20th anniversary.

I would like to thank the patients, carers, healthcare professionals and CCQI (College Centre for Quality Improvement) staff who have worked to develop this third edition of the core standards.

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Registrar of the Royal College of Psychiatrists

Introduction

Description and scope of the standards

The third edition of the core standards for inpatient mental health services has been revised by the Royal College of Psychiatrists' College Centre for Quality Improvement (CCQI). It is based on the first edition which was created by the CCQI and the British Standards Institution (BSI) in 2015.

The inpatient standards cover access to the ward/unit and what a good admission looks like (which includes assessment, care, treatment and discharge planning). They also cover ward/unit environment, staffing and governance.

How the standards were developed

A literature review was undertaken to identify any evidence published since publication of the second edition which could be used to update standards and create new standards. The standards then underwent a consultation process. This was done by a working group of multi-disciplinary mental health professionals, patient representatives and CCQI staff that was led by Dr Rob Chaplin (Clinical Lead for Accreditation, CCQI).

The group reviewed all standards considering how critical they were to quality and their proximity to patient experience. Other factors considered included their measurability, if there was any repetition and whether the content was appropriate for core standards and could be applied across a range of mental health services. As a result, the standards have reduced in length by approximately 25%. We believe that this will enable participating services and reviewers to focus on the issues that are key to quality.

The following principles were used to guide the development of these standards:

- **Access:** Patients have access to the care and treatment that they need, when and where they need it.
- **Compassion:** All services are committed to the compassionate care of patients, carers and staff.
- **Valuing relationships:** The value of relationships between people is of primary importance.
- **Patient and carer involvement:** Patients and carers are involved in all aspects of care.
- **Learning environment:** The environment fosters a continuous learning culture.
- **Leadership, management, effective and efficient care:** Services are well led and effectively managed and resourced.
- **Safety:** Services are safe for patients, carers and staff.

How the core standards will be used

The core standards will be used by the quality networks and accreditation programmes within the CCQI. Each project will take on the relevant core standards which will be used alongside their own specialist standards that relate to the service type being reviewed.





Use of terminology

The core inpatient standards use the terms 'patient' and 'carer'. The decision was made to use these terms during the consultation process for the first edition of the core standards. When projects come to take on these standards, they may change these terms to best suit their specialty. For example, child and adolescent mental health services may wish to replace the term 'patient' with 'young person'.

Some of the standards have a 'p' next to their number which denotes a 'placeholder' standard. When projects come to take on the placeholder standards, they will be expected to adapt the standards to meet their specialty requirements.

Criteria

All criteria are rated as Type 1, 2 or 3.

Type 1: Essential standards. Failure to meet these would result in a significant threat to patient safety, rights or dignity and/or would breach the law. These standards also include the fundamentals of care, including the provision of evidence-based care and treatment.

Type 2: Expected standards that most services should meet.

Type 3: Desirable standards that high performing services should meet.

Number	Type	Standard	Ref
1 Access			
1.1	1	The service provides information about how to make a referral.	1, 2, 3, 4, 6
1.2	1	When a young person under the age of 18 is admitted. <ul style="list-style-type: none"> • There is a named CAMHS clinician who is available for consultation and advice; • The local authority or local equivalent is informed of the admission; • The CQC or local equivalent is informed if the patient is detained; • A single room is used. 	4
1.3	1	The service provides information about how to make a referral.	1, 2, 3, 4, 6

2 Admission: First 12 hours			
2.1	1	On admission to the ward/unit, patients feel welcomed by staff members who explain why they are in hospital. <i>Guidance: Staff members show patients around and introduce themselves and other patients, offer patients refreshments and address patients using the name and title they prefer.</i>	4, 10, 11
2.2	1	The patient's carer is contacted by a staff member (with patient consent) to notify them of the admission and to give them the ward/unit contact details.	4
2.3	1	Patients are given accessible written information which staff members talk through with them as soon as is practically possible. The information includes: <ul style="list-style-type: none"> • Their rights regarding admission and consent to treatment; • Rights under the Mental Health Act; • How to access advocacy services; • How to access a second opinion; • Interpreting services; • How to view their records; • How to raise concerns, complaints and give compliments. 	4, 6, 12, 13, 14, 15, 54
2.4	1	Patients have a comprehensive mental health assessment which is started within 4 hours and completed within 1 week. This involves the multi-disciplinary team and includes consideration of the patient's: <ul style="list-style-type: none"> • Mental health and medication; • Psychosocial and psychological needs; • Strengths and areas for development. 	4, 12, 15, 16
2.5	1	Patients have a comprehensive physical health review. This is started within 4 hours of admission, or as soon as is practically possible. The assessment is completed within 1 week, or prior to discharge.	4, 17, 18, 39
2.6	1	Patients have a risk assessment and management plan which is co-produced, updated regularly and shared where necessary with relevant agencies (with consideration of confidentiality). The assessment considers risk to self, risk to others and risk from others.	4, 6, 19, 20

Number	Type	Standard	Ref
2.7	1	On admission the following is given consideration: <ul style="list-style-type: none"> • The security of the patient's home; • Arrangements for dependants (children, people they are caring for); • Arrangements for pets; • Essential maintenance of home and garden. 	10
2.8	1	People admitted to the ward outside the area in which they live have a review of their placement at least every 3 months.	5

3

Completing the admission process

3.1	2	The patient is given an information pack on admission that contains the following: <ul style="list-style-type: none"> • A description of the service; • The therapeutic programme; • Information about the staff team; • The unit code of conduct; • Key service policies (e.g. permitted items, smoking policy); • Resources to meet spiritual, cultural or gender needs. 	4, 14, 21, 54
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Reviews and care planning

4.1	1	Patients know who the key people are in their team and how to contact them if they have any questions.	23
4.2	1	There is a documented Care Programme Approach (or equivalent) or ward round admission meeting within one week of the patient's admission. Patients are supported to attend this with advanced preparation and feedback.	10
4.3	1	Every patient has a written care plan, reflecting their individual needs. Staff members collaborate with patients and their carers (with patient consent) when developing the care plan and they are offered a copy: <i>Guidance: The care plan clearly outlines:</i> <ul style="list-style-type: none"> • Agreed intervention strategies for physical and mental health; • Measurable goals and outcomes; • Strategies for self-management; • Any advance directives or statements that the patient has made; • Crisis and contingency plans; • Review dates and discharge framework. 	1, 2, 4, 12,

Number	Type	Standard	Ref
5 Leave from the ward/unit			
5.1	1	The team and patient jointly develop a leave plan, which is shared with the patient, that includes: <ul style="list-style-type: none"> • A risk assessment and risk management plan that includes an explanation of what to do if problems arise on leave; • Conditions of the leave; • Contact details of the ward/unit and crisis numbers. 	4, 26
5.2	1	Staff agree leave plans with the patient's carer where appropriate, allowing carers sufficient time to prepare.	8
5.3	1	When patients are absent without leave, the team (in accordance with local policy): <ul style="list-style-type: none"> • Activate a risk management plan; • Make efforts to locate the patient; • Alert carers, people at risk and the relevant authorities; • Complete an incident form. 	4

6 Care and treatment – therapies and activities			
6.1.1	1	Patients begin evidence-based interventions, which are appropriate for their bio-psychosocial needs, within a timeframe which complies with national standards e.g. as set by NHS or professional bodies. Any exceptions are documented in the case notes.	4, 13, 27, 28, 29
6.1.2	1	There is a psychologist who is part of the MDT. They contribute to the assessment and formulation of the patients' psychological needs and the safe and effective provision of evidence based psychological interventions.	30, 31
6.1.3	1	There is an occupational therapist who is part of the MDT. They work with patients requiring an occupational assessment and ensure the safe and effective provision of evidence based occupational interventions.	4, 14
6.1.4	3	There is dedicated sessional input from creative therapists.	4, 14
6.1.5	2	Patients receive psychoeducation on topics about activities of daily living, for example interpersonal communication, relationships, coping with stigma, stress management and anger management.	4,5,8
6.1.6	2	Every patient has a 7-day personalised therapeutic/recreational timetable of activities to promote social inclusion, which the team encourages them to engage with. <i>Guidance: This includes activities such as education, employment, volunteering and other occupations such as leisure activities and caring for dependants.</i>	4, 10, 12, 32,33,34
6.1.7	1	Each patient receives a pre-arranged 1-hour session at least once a week with a nominated member of their care team to discuss progress, care plans and concerns.	4, 10, 34
6.1.8	1	Patients (and carers, with patient consent) are offered written and verbal information about the patient's mental illness and treatment.	3, 4, 6, 10, 35

Number	Type	Standard	Ref
6.1.9	2	There is a minuted ward community meeting that is attended by patients and staff members. The frequency of this meeting is weekly, unless otherwise agreed with the patient group. <i>Guidance: This is an opportunity for patients to share experiences, to highlight issues of safety and quality on the ward/unit and to review the quality and provision of activities with staff members. The meeting should be facilitated by a professional who understands group dynamics.</i>	4, 5, 10
6.1.10	2	Patients have access to relevant faith-specific support, preferably through someone with an understanding of mental health issues.	26
6.1.11	1	Patients have access to safe outdoor space every day.	10, 32
6.1.12	2	The team provides information and encouragement to patients to access local organisations for peer support and social engagement. This is documented in the patient's care plan and may include access to <ul style="list-style-type: none"> • Voluntary organisations; • Community centres; • Local religious/cultural groups; • Peer support networks; • Recovery colleges. 	4, 5, 10, 27, 32
6.1.13	1	All staff members who deliver therapies and activities are appropriately trained and supervised.	29, 37, 38

6.2 Care and treatment – medication			
6.2.1	1	When medication is prescribed, specific treatment goals are set with the patient, the risks (including interactions) and benefits are reviewed, a timescale for response is set and patient consent is recorded.	4
6.2.2	1	Patients have their medications reviewed at least weekly. Medication reviews include an assessment of therapeutic response, safety, management of side effects and adherence to medication regime. <i>Guidance: Side effect monitoring tools can be used to support reviews.</i>	4, 26
6.2.3	1	Every patient's PRN medication is reviewed weekly, with consideration of the frequency dose and reasons.	4, 17
6.2.4	1	All staff members who administer medications have been assessed as competent to do so. Assessment is done using a competency-based tool. This assessment is repeated at least once every three years.	4, 10
6.2.5	2	A specialist pharmacist is a member of the MDT.	26

Number	Type	Standard	Ref
7 Physical healthcare			
7.1	1	<p>Patients have follow-up investigations and treatment when concerns about their physical health are identified during their admission.</p> <p><i>Guidance: This is undertaken promptly and a named individual is responsible for follow-up. Advice may be sought from primary or secondary physical healthcare services.</i></p>	26, 39, 24
7.2	1	Patients are offered personalised healthy lifestyle interventions such as advice on healthy eating, physical activity and access to smoking cessation services. This is documented in the patient's care plan.	3, 21, 39, 24
7.3	1	The team including bank and agency staff are able to identify and manage an acute physical health emergency.	4
7.4	1	Patients in hospital for long periods of time, who are prescribed mood stabilisers or antipsychotics, have the appropriate physical health assessments at the start of treatment (baseline), at 6 weeks, at 3 months and then annually (or every six months for young people) unless a physical health abnormality arises.	3, 4, 39, 40, 41, 42

8 Risk and safeguarding			
8.1	1	Staff know how to prevent and respond to sexual exploitation, coercion, intimidation and abuse on the ward.	4, 43
8.2	1	Patients are involved in decisions about their level of observation by staff.	4, 12, 14, 55
8.3	1	Staff members do not restrain patients in a way that affects their airway, breathing or circulation	13, 19, 44
8.4	2	Patients on constant observations receive at least one hour per day being observed by a member of staff who is familiar to them.	4
8.5	1	To reduce the use of restrictive interventions, patients who have been violent or aggressive are supported to identify triggers and early warning signs, and make advance statements about the use of restrictive interventions.	19
8.6	1	The team uses seclusion or segregation only as a last resort and for brief periods only.	13, 19, 44
8.7	1	Patients who are involved in episodes of control and restraint, or compulsory treatment including tranquilisation, have their vital signs including respiratory rate monitored by staff members and any deterioration is responded to.	13, 19, 44
8.8	1	The multi-disciplinary team collects audit data on the use of restrictive interventions and actively works to reduce its use year on year. <i>Guidance: Audit data are used to compare the service to national benchmarks where possible.</i>	19

Number	Type	Standard	Ref
9 Discharge planning and transfer of care			
9.1	1	Mental health practitioners carry out a thorough assessment of the patient's personal, social, safety and practical needs to reduce the risk of suicide on discharge.	5
9.2	1	Patients discharged from inpatient care have their care plan or interim discharge summary sent to everyone identified in the plan as involved in their ongoing care within 24 hours of discharge. <i>Guidance: The plan includes details of:</i> <ul style="list-style-type: none"> • Care in the community / aftercare arrangements; • Crisis and contingency arrangements including details of who to contact; • Medication including monitoring arrangements; • Details of when, where and who will follow up with the patient. 	4, 5, 10, 46
9.3	2	A discharge summary is sent within a week to the patient's GP and others concerned (with the patient's consent), including why the patient was admitted and how their condition has changed, diagnosis, medication and formulation.	4, 5
9.4	1	The inpatient team makes sure that patients who are discharged from hospital have arrangements in place to be followed up within 3 days of discharge.	54
9.5	3	Teams provide specific transition support to patients when their care is being transferred to another unit, to a community mental health team, or back to the care of their GP. <i>Guidance: The team provides transition mentors, transition support packs or training for patients on how to manage transitions.</i>	4, 46
9.6	1	When staff members are concerned about an informal patient self-discharging against medical advice, the staff members undertake a thorough assessment of the patient, taking their wishes into account as far as possible.	4, 5, 10

10 Interface with other services			
10.1	3	The team supports patients to attend an appointment with their community GP whilst an inpatient if they are admitted in the local area.	4
10.2	1	The team supports patients to access support with finances, benefits, debt management and housing.	4, 23
10.3	1	The service has a care pathway for women who are pregnant or in the postpartum period. <i>Guidance: Women who are over 32 weeks pregnant or up to 12 months postpartum period should not be admitted to a general psychiatric ward unless there are exceptional circumstances.</i>	1
10.4	1	All patients have access to an advocacy service including IMHAs (Independent Mental Health Advocates).	5, 15

Number	Type	Standard	Ref
11 Capacity and consent			
11.1	1	Assessments of patients' capacity (and competency for patients under the age of 16) to consent to care and treatment in hospital are performed in accordance with current legislation.	4, 6, 10, 13, 48
12 Patient involvement			
12.1	1	The service asks patients and carers for their feedback about their experiences of using the service and this is used to improve the service.	6, 12, 33
12.2	2	Services are developed in partnership with appropriately experienced patient and carers and have an active role in decision making.	4, 8, 12
13 Carer engagement and support			
13.1	1	Carers (with patient consent) are involved in discussions and decisions about the patient's care, treatment and discharge planning.	3, 4, 10, 51, 55
13.2	1	Carers are supported to access a statutory carers' assessment, provided by an appropriate agency.	4, 51
13.3	2	Carers are offered individual time with staff members, within 48 hours of the patient's admission to discuss concerns, family history and their own needs.	4, 15, 50, 55
13.4	2	The team provides each carer with carer's information. <i>Guidance: Information is provided verbally and in writing (e.g. carer's pack). This includes the names and contact details of key staff members on the unit and who to contact in an emergency. It also includes other local sources of advice and support such as local carers' groups, carers' workshops and relevant charities.</i>	3, 4, 10, 54, 58
13.5	2	Carers feel supported by the ward staff members.	4, 8, 26, 50, 52
14 Compassion, dignity and respect			
14.1	1	Staff members treat all patients and carers with compassion, dignity and respect.	12, 33, 53, 55
14.2	1	Patients feel listened to and understood by staff members.	23, 55
15 Providing information to patients and carers			
15.1	2	The ward/unit uses interpreters who are sufficiently knowledgeable and skilled to provide a full and accurate translation. The patient's relatives are not used in this role unless there are exceptional circumstances.	4, 14, 25

Number	Type	Standard	Ref
16 Patient confidentiality			
16.1	1	Confidentiality and its limits are explained to the patient and carer on admission, both verbally and in writing. Patient preferences for sharing information with third parties are respected and reviewed regularly.	4, 14, 55
16.2	1	The team knows how to respond to carers when the patient does not consent to their involvement.	4, 11
16.3	1	All patient information is kept in accordance with current legislation. <i>Guidance: This includes transfer of patient identifiable information by electronic means. Staff members ensure that no confidential data is visible beyond the team by locking cabinets and offices, using swipe cards and having password protected computer access.</i>	14, 55

17 Ward/unit environment			
17.1	1	Male and female patients have separate bedrooms, toilets and washing facilities.	4, 14, 56
17.2	2	All patients have single bedrooms.	4, 56
17.3	2	Patients are able to personalise their bedroom spaces. <i>Guidance; For example patients are able to put up their own photos and pictures.</i>	4, 10
17.4	2	The ward/unit has at least one bathroom/shower room for every three patients.	4, 10
17.5	3	Every patient has an en-suite bathroom.	4, 10
17.6	1	Patients are supported to access materials and facilities that are associated with specific cultural or spiritual practices, e.g. covered copies of faith books, access to a multi-faith room, access to groups.	4
17.7	2	All patients can access a range of current culturally-specific resources for entertainment, which reflect the ward/unit's population. <i>Guidance; This may include recent magazines, daily newspapers, board games, a TV and DVD player with DVDs.</i>	4, 10, 24, 57, 58
17.8	3	All patients can access a charge point for electronic devices such as mobile phones.	4
17.9	1	The environment complies with current legislation on disabled access. <i>Guidance; Relevant assistive technology equipment, such as hoists and handrails, are provided to meet individual needs and to maximise independence.</i>	4, 10, 53, 59
17.10	1	Staff members respect the patient's personal space, e.g. by knocking and waiting before entering their bedroom except in emergencies or where there is concerns about the patient's wellbeing	4, 10, 55

Number	Type	Standard	Ref
17.11	1	Patients use mobile phones, computers (which provide access to the internet and social media), cameras and other electronic equipment on the ward, subject to risk assessment and in line with local policy. <i>Guidance; Staff members ensure the use of such equipment respects the privacy and dignity of everyone and know how to manage situations when this is breached.</i>	4, 13, 55
17.12	1	The ward is a safe and environment with no ligature points, clear sightlines (e.g. with use of mirrors) and safe external spaces.	4, 10
17.13	1	Patients are cared for in the least restrictive environment possible, while ensuring appropriate levels of safety.	4, 10, 35
17.14	1	Staff members, patients and visitors are able to raise alarms using panic buttons, strip alarms, or personal alarms and there is an agreed response when an alarm is used.	4, 10, 14
17.15	2	Staff members and patients can control heating, ventilation and light. <i>Guidance; For example, patients are able ventilate their rooms through the use of windows, they have access to light switches and they can request adjustments to control heating.</i>	
17.16	1	Emergency medical resuscitation equipment is available immediately and is maintained and checked weekly, and after each use.	60
17.17	2	The ward/unit has a designated room for physical examination and minor medical procedures.	4, 10
17.18	1	In wards/units where seclusion is used, there is a designated room that meets the following requirements: <ul style="list-style-type: none"> • It allows clear observation; • It is well insulated and ventilated; • It has adequate lighting, including a window(s) that provides natural light; • It has direct access to toilet/washing facilities; • It has limited furnishings (which includes a bed, pillow, mattress and blanket or covering); • It is safe and secure – it does not contain anything that could be potentially harmful; • It includes a means of two-way communication with the team; • It has a clock that patients can see. 	10, 13
17.19	2	The ward/unit has at least one quiet room or de-escalation space other than patient bedrooms.	4, 10
17.20	1	There is a separable gender-specific space which can be used as required.	4, 10, 13, 56
17.21	2	There are facilities for patients to make their own hot and cold drinks and snacks which are available 24 hours a day.	4, 61
17.22	1	Patients are provided with meals which offer choice, address nutritional/balanced diet and specific dietary requirements and which are also sufficient in quantity. Meals are varied and reflect the individual's cultural and religious needs.	24, 61
17.23	2	Ward/unit-based staff members have access to a dedicated staff room.	4, 10
17.24	2	Patients are consulted about changes to the ward/unit environment.	4

Number	Type	Standard	Ref
18		Leadership, team working and culture	
18.1	3	Staff members are able to access reflective practice groups at least every six weeks where teams can meet together to think about team dynamics and develop their clinical practice.	4
18.2	1	Staff members feel able to challenge decisions and to raise any concerns they may have about standards of care. They are aware of the processes to follow when raising concerns or whistleblowing.	4, 55, 62, 63
18.3	1	When the team meets for handover, adequate time is allocated to discuss patients' needs, risks and management plans.	4, 10

19		Staffing levels	
19.1	1	The ward/unit has a mechanism for responding to low/unsafe staffing levels, when they fall below minimum agreed levels, including: <ul style="list-style-type: none"> • A method for the team to report concerns about staffing levels; • Access to additional staff members; • An agreed contingency plan, such as the minor and temporary reduction of non-essential services. 	4, 64
19.2	2	The ward/unit is staffed by permanent staff members, and unfamiliar bank or agency staff members are used only in exceptional circumstances, e.g. in response to additional clinical need.	4
19.3	1	There is an identified duty doctor available at all times to attend the ward/unit, including out of hours. The doctor can attend the ward/unit within 30 minutes in the event of an emergency.	4, 14

20		Staff recruitment, induction and supervision	
20.1	2	Appropriately experienced patient or carer representatives are involved in the interview process for recruiting potential staff members.	4, 10
20.2	1	New staff members, including bank staff, receive an induction based on an agreed list of core competencies. This includes arrangements for shadowing colleagues on the team; jointly working with a more experienced colleague; being observed and receiving enhanced supervision until core competencies have been assessed as met.	13, 37, 64, 65
20.3	1	All clinical staff members receive clinical supervision at least monthly, or as otherwise specified by their professional body. <i>Guidance; Supervision should be profession-specific as per professional guidelines and provided by someone with appropriate clinical experience and qualifications.</i>	4, 10, 38
20.4	2	All staff members receive line management supervision at least monthly.	4

Number	Type	Standard	Ref
21		Staff wellbeing	
21.1	1	The ward/unit actively supports staff health and well-being. <i>Guidance; For example, providing access to support services, providing access to physical activity programmes, monitoring staff sickness and burnout, assessing and improving morale, monitoring turnover, reviewing feedback from exit reports and taking action where needed.</i>	37, 64, 66, 67, 68
21.2	1	Patients and staff members feel safe on the ward.	4
21.3	1	Staff members are able to take breaks during their shift that comply with the European Working Time Directive. <i>Guidance; They have the right to one uninterrupted 20 minute rest break during their working day, if they work more than 6 hours a day. Adequate cover is provided to ensure staff members can take their breaks.</i>	4, 10, 69
21.4	1	Staff members, patients and carers who are affected by a serious incident including control and restraint and rapid tranquilisation are offered post incident support.	15, 70

22		Staff training and development	
22.1		Staff members receive training consistent with their role, which is recorded in their personal development plan and is refreshed in accordance with local guidelines. This training includes:	
22.1a	1	The use of legal frameworks, such as the Mental Health Act (or equivalent) and the Mental Capacity Act (or equivalent);	13, 10, 48, 49
22.1b	1	Physical health assessment. <i>Guidance:</i> This could include training in understanding physical health problems, undertaking physical observations and when to refer the patient for specialist input;	3, 4
	1	Safeguarding vulnerable adults and children. This includes recognising and responding to the signs of abuse, exploitation or neglect;	5, 18, 20, 53, 55
22.1c	1	Risk assessment and risk management. <i>Guidance:</i> This includes: Assessing and managing suicide risk and self-harm; Prevention and management of aggression and violence;	4, 19, 20
22.1d	1	Recognising and communicating with patients with cognitive impairment or learning disabilities;	4, 25
22.1e	1	Statutory and mandatory training. <i>Guidance:</i> Includes equality and diversity, information governance, basic life support;	4, 10
22.1f	2	Carer awareness, family inclusive practice and social systems, including carers' rights in relation to confidentiality.	15, 58

Number	Type	Standard	Ref
22.1g	1	All staff undergo specific training in therapeutic observation (including principles around positive engagement with patients, when to increase or decrease observation levels and the necessary multi-disciplinary team discussions that should occur relating to this and actions to take if the patient absconds) when they join the service as part of their induction or change wards.	7
22.2	2	Experts by experience are involved in delivering and developing staff training face-to-face.	12

23 Clinical outcome measurement			
23.1	1	Clinical outcome measurement, and progress against user defined goals is collected at two time points (admission and discharge) as a minimum, and at clinical reviews where possible.	4, 10
23.2	2	Staff members review patients' progress against patient-defined goals in collaboration with the patient at the start of treatment, during clinical review meetings and at discharge.	4, 10, 38, 57

24 The ward/unit learns from feedback, complaints and incidents			
24.1	1	Systems are in place to enable staff members to quickly and effectively report incidents and managers encourage staff members to do this.	4, 24, 39, 40
24.2	1	When mistakes are made in care this is discussed with the patient themselves and their carer, in line with the Duty of Candour agreement.	4
24.3	1	Lessons learned from untoward incidents and complaints are shared with the team and the wider organisation. There is evidence that changes have been made as a result of sharing the lessons.	6, 24
24.4	2	The ward team use quality improvement methods to implement service improvements.	4
24.5	2	The team actively encourages patients and carers to be involved in QI initiatives.	

References

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