National Audit of Learning Disabilities
Feasibility Study (NALD-FS)

Audit standards, August 2013
The National Audit of Learning Disabilities Feasibility Study (NALD-FS) provides an important opportunity to examine how health services deliver care to people with learning disabilities, and the role that clinical audit might play in improving the quality of care that people receive. As part of the study, we have developed a manual of standards that cover pertinent issues affecting people with learning disabilities when accessing health services.

Reports including Mencap’s ‘Death by Indifference’ and the Confidential Inquiry into the Premature Deaths of People with Learning Disabilities, highlight the extent of the inequalities experienced by people with learning disabilities and the poor quality of care that people have sometimes received.

In light of these findings, it should now be a national priority that healthcare organisations reflect on the services they deliver to people with learning disabilities and are encouraged to make improvements to their practice and standards of care. With this in mind, NALD-FS aims to establish if a national clinical audit could be used to provide information for users, providers and commissioners of healthcare services to assess and improve the quality of care that people with learning disability receive.

This manual of good practice standards is drawn from existing literature, national guidelines and recommendations, and consultation with the study’s advisory group including feedback from people with learning disabilities – and those who care for them. This process ensures that the standards developed are clinically relevant, important to patients and carers and have the potential to promote improvement through a national audit. The standards will be measured using a variety of audit tools, and piloted in both acute and mental health inpatient services. Four sites have been identified in England and Wales and data collection will commence in September 2013.

At the end of the feasibility study, we will determine how a national clinical audit could best be used to help raise standards of care for people with learning disabilities. We look forward to working with our pilot sites to take forward this vital project.

Professor Mike Crawford
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Introduction

Background to the feasibility study

In May 2013, this study was commissioned by the Healthcare Quality Improvement Partnership (HQIP) as part of the National Clinical Audit and Patient Outcomes Programme (NCAPOP). It aims to determine the feasibility and scope of a future national clinical audit of the physical and mental healthcare for adults with learning disabilities in England and Wales.

The feasibility study will focus on primary and secondary care and determine how a future national clinical audit could best be utilised to help raise standards of care, improve health and enhance the quality of life for people with learning disabilities. A future national audit will need to generate high quality data on the standard of care that people receive, together with information about the patient and carer experience.

Development of the audit standards for the National Audit of Learning Disabilities Feasibility Study (NALD-FS)

A literature review identified the source documents for the audit. These included national reports, standards, guidelines and recommendations produced by professional bodies and by organisations representing service users and their carers. A bibliography of the standards can be found on page 4.

From these sources, 21 standards have been produced. These will be tested in both acute and mental health inpatient services by several audit tools:

- Organisational checklist
- Case note audit
- Staff questionnaires
- Carer questionnaires
- Service user questionnaires

The audit’s advisory group were consulted throughout the development of the audit standards. Please see page 3 for more information.

Correspondence with the project team

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For more information about the audit, please visit the audit’s website. An easy-read version of the standards can also be downloaded from the website.
### The standards

#### Making reasonable adjustments

1. The service’s healthcare system can identify people with learning disabilities and any reasonable adjustments they require.

2. Services make reasonable adjustments for people with learning disabilities, based on the individual needs of the patient.

3. The patient’s health passport, or similar document, is used by the service to help them care for the patient.

4. The service has ready access to specialist learning disability services.

#### Physical health and recording of information

5. The patient receives a comprehensive physical examination within 24 hours of admission. This includes blood pressure, pulse and temperature.

6. The patient receives high quality nutritional care, based on their individually assessed needs.

7. The patient’s current mobility needs have been assessed and recorded.

8. Patients with epilepsy have a risk assessment in their notes.

9. Patients with epilepsy have a description of their seizures recorded in their notes, including type, frequency and duration.

10. An assessment of the patient’s preferred method of communication is recorded and used.

#### Capacity and decision making

11. Discussions about care involve the patient and their carer/family where relevant.

12. The patient’s capacity is assessed and recorded, whenever decisions need to be made about their care.

13. If assessment of the patient shows that they lack capacity to make a decision about their care, a best interests meeting takes place and involves them and their carer/family where relevant.

#### Managing challenging behaviour

14. If the patient presents challenging/aggressive behaviour, the reasons for this are investigated and documented.

15. If the patient presents challenging/aggressive behaviour, de-escalation is tried before use of physical restraint or pharmacological intervention.

#### Psychotropic medication

16. If the patient is taking psychotropic medication, this is reviewed during their stay.

#### Discharge processes

17. The discharge summary includes information about support and care needs the patient has following their stay at the service.

18. Discharge planning involves the person with learning disabilities and their carer/family where relevant.

19. Informal carers are signposted to an assessment of their current needs in advance of the patient’s discharge.

#### Staff

20. All staff should receive training in learning disabilities

21. Staff feel equipped to respond to the needs of people with learning disabilities.
The feasibility study has an active advisory group, whose role is to oversee the audit and to advise on all aspects of the project including:

- Determining the methodology of the audit.
- Development of the audit standards and tools.
- Recruitment of the pilot sites.
- Discuss findings of the project and provide project team with feedback on how useful the data is to them.

Members of the study advisory group have a wealth of experience in working with people with learning disabilities and their carers including:

- Dr Glyn Jones, Honorary Senior Lecturer, Cardiff University. Consultant Psychiatrist, Abertawe Bro Morgannwg University Health Board
- Dr Angela Hassiotis, Reader and Honorary Consultant, Psychiatry of Learning Disability, Camden and Islington NHS Foundation Trust and University College London
- Dr Umesh Chauhan, a GP and Learning Disability researcher based at the University of Manchester
- Beverly Dawkins, National Officer for Profound and Multiple Learning Disabilities, Mencap
- Dr Ian Hall, Chair of the Faculty of the Psychiatry of Learning Disability, Royal College of Psychiatrists
- Dr Pauline Heslop, Senior Research Fellow, Norah Fry Research Centre, University of Bristol
- Dr Matt Hoghton, Royal College of General Practitioners, Clinical Expert in Learning Disability
- Allyson Kent, Chair of the Access to Acute Network
- Professor Mike Kerr, Professor of Learning Disability Psychiatry, Honorary Consultant in Neuropsychiatry, Cardiff University
- Megan Lanigan, Programme Manager Clinical Evidence and Effectiveness, Royal College of General Practitioners
- Anna Marriott, Research Associate, Norah Fry Research Centre, University of Bristol
- Ann Norman, Learning Disabilities and Criminal Justice Nurses Adviser, Royal College of Nursing
- Dr Peter Oakes, Programme Director/Reader in Clinical Psychology, University of Hull
- Lesley Russ, Learning Disability Nurse and Learning Disability Adviser, Bristol
- Navin Puri, Programme Manager for Respiratory Medicine (Asthma and Lung Cancer), Royal College of Physicians


